CB TI

CITY OF WORCESTER

ANNUAL REPORT

ON THE

HEALTH OF THE CITY

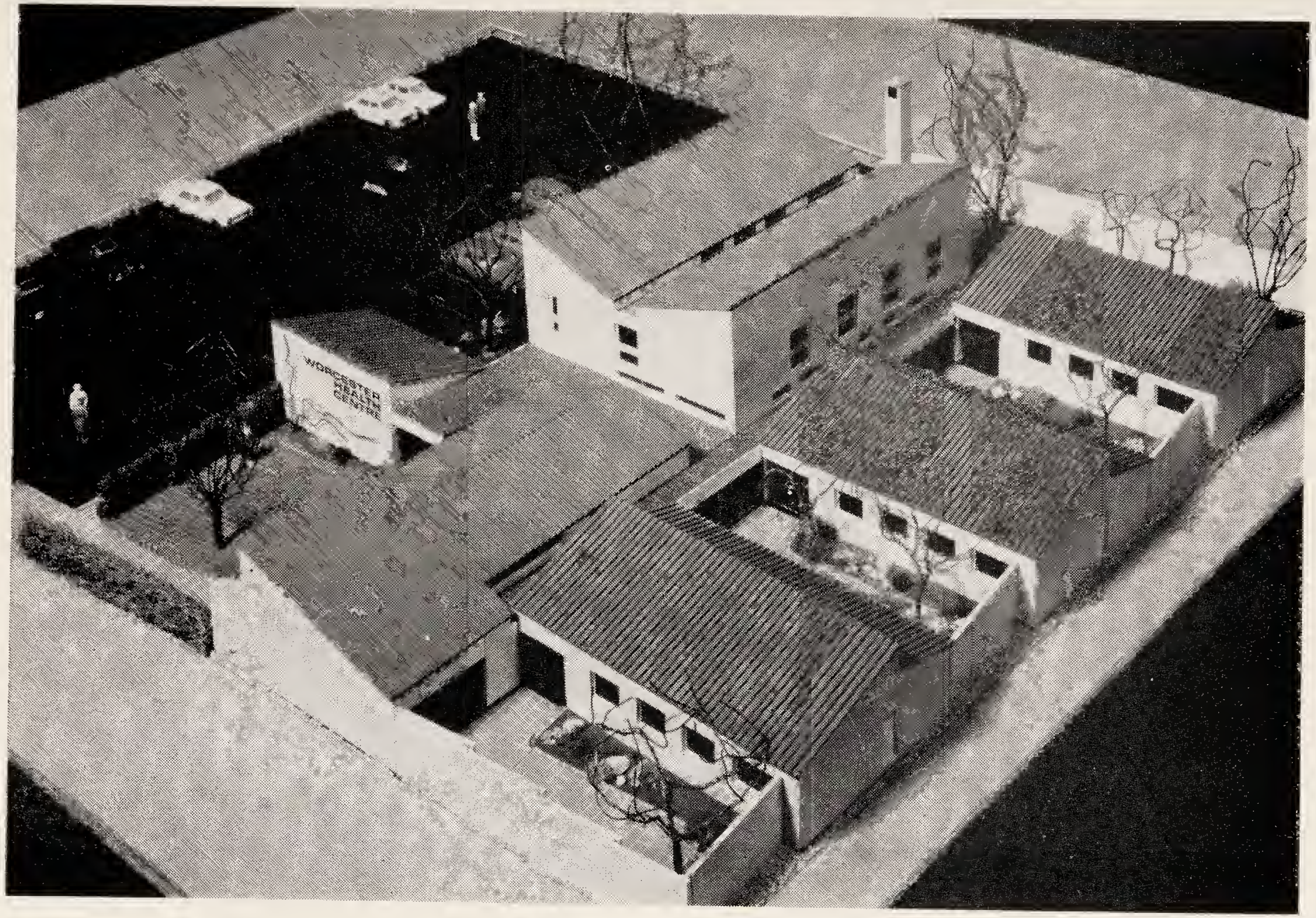
FOR THE YEAR

1967

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.
Medical Officer of Health

MODEL OF WORCESTER HEALTH CENTRE



Mercutio: "It is indeed a palace. Is there ought it lacks?"
Cesare: "Only the venerable rust of antiquity."

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

https://archive.org/details/b30292086

CITY OF WORCESTER

ANNUAL REPORT

ON THE

HEALTH OF THE CITY

FOR THE YEAR

1967

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.
Medical Officer of Health

INDEX

	Page
Ambulance Service	35—37
Animal Boarding Establishment Act, 1963	64
Ante-Natal Clinics	20
Assesment of Very Young Children	25
At Risk Register	26
Care of the Aged	47
Cervical Cytology	43—45
Child Welfare Clinics	22
Chiropody Service	42
Circular 1/68	63
Clean Air Act	65
Common Lodging Houses	86
Congenital Abnormalities	25—26
Convalescence	39
Cremations	62
Daily Minding Service	24
Deafness—Prevention	38
Deaths—General	19
Table	17
Dental Treatment	21—22
Domiciliary Nursing Services	28—31
Drainage and Sewerage	64
Environmental Hygiene	64—91
Factories Act	71—73
Family Planning	22—23
Fertilisers and Feeding Stuffs	84
Fluoridation	45
Food Hygiene Regulations, 1966	83
Food Inspection	80—83
Health Centres	20
Health Committee	5
Health Education	39—41
Health Statistics	18
Health Sub-Committees	6—7
Health Visiting	29—30
Home Help Service	45—46
Home Nursing	30—31
Houses in Multiple Occupation	86
Housing	60. 86—89
Ice Cream	80
Infant Mortality	18

Page

Infectious Diseases—General ... ... 56—59
Table of Notifications 55
International Certificates 62
Meals on Wheels 41
Medical Examinations of Staff 62
Meat Inspection 84
Mental Health Services ... ... 48—54
Midwifery 28
Milk 79
National Assistance Act, 1948, and National Assistance (Amendment) Act, 1951 ... ... 61—62
National Society for the Prevention of Cruelty to Children 24
Nurseries and Child Minders Regulation Act, 1948 ... ... 60—61
Nursing Equipment—Loans 31
Nursing Homes 60
Offensive Trades 64
Offices, Shops and Railway Premises Act, 1963 ... ... 65—70
Outwork 73
Pet Animals Act, 1951 64
Pharmacy and Poisons Act, 1958 65
Phenylketonuria 26
Plans—Examination of 60
Play Groups 24
Premature Births 27
Parentcraft and Relaxation Classes 21
Prevention of Illness, Care and After-Care ... ... 38—45
Prosecutions 84
Public Health Inspectors—Visits and Inspections ... ... 74—78
Rag Flock Act, 1951 64
Rodent Control 78
Screening Clinic 47
Slaughterhouses 85
Slum Clearance ... ... 86—87
Staff ... ... 8—12
Statistics—General 16
Vital 16
Stillbirths 19
Tuberculosis—Prevention ... ... 38—39
Unmarried Mothers 21
Vaccination and Immunisation ... ... 32—35, 62
Water Supply ... ... 90—91
Welfare Foods 23

HEALTH COMMITTEE

31st DECEMBER, 1967

His Worship the Mayor (Alderman Edwin John Whitt)

Chairman : Alderman William John Daniel

Vice-Chairman: Alderman Edwin John Whitt

Aldermen

Mrs. Frances Rosa Ratcliffe

Mrs. Hilda May Lettice

Councillors

Rowland Blackwell
Mrs. Ella Bradley
Mrs. Joyce Iris Brown
Denis Byng Caughey
Mrs. Norah Mabel Caughey
Robert Telfer Dedicott
Mrs. Dorothy Mary Gething
David Inight
George Cyril Kerr
Horace Lane
George Thomas Randall
Leslie Wynne Thomas
William Leslie Thompson
Albert John Wilks

Non-Members of the Council

Nominated by City of Worcester Local Medical Committee	Dr. M. J. Davie Dr. D. W. James Dr. P. G. Cope
Noinmated by City of Worcester Executive Council	Mr. C. R. Knight Mr. H. Walker

HEALTH SUB-COMMITTEES

Health Centres

Alderman Daniel
Alderman Mrs. Ratcliffe
Alderman Whitt
Councillor Caughey
Councillor Mrs. Caughey
Councillor Dedicott
Councillor Mrs. Gething
Councillor Inight
Councillor Kerr
Councillor Thomas
Councillor Thompson
Councillor Wilks

Dr. D. M. Brierley
Dr. J. M. Duncan
Dr. C. Romer
(Nominated by Local Medical Committee)

Mr. W. Ludlam
Mr. H. Walker
Mr. C. R. Knight
(Nominated by City of Worcester Executive Council)

Mental Health Services

Alderman Mrs. Lettice
Alderman Mrs. Ratcliffe
Councillor Mrs. Bradley
Councillor Caughey
Councillor Dedicott
Councillor Inight
Councillor Kerr
Councillor Lane
Councillor Thompson

Mr. W. Ludlam
Mr. H. Walker
(Nominated by City of Worcester Executive Council)

Midwifery Etc.

Alderman Mrs. Lettice
Alderman Mrs. Ratcliffe
Councillor Mrs. Brown
Councillor Mrs. Gething
Dr. P. G. Cope
Dr. D. W. James

Property Inspection

Alderman Daniel
Alderman Mrs. Ratcliffe
Councillor Blackwell
Councillor Mrs. Bradley
Councillor Dedicott
Councillor Inight
Councillor Kerr
Councillor Randall
Councillor Thompson
Councillor Wilks

Staffing

Alderman Daniel
Alderman Mrs. Lettice
Alderman Mrs. Ratcliffe
Councillor Caughey
Councillor Thomas
Councillor Thompson

PUBLIC HEALTH DEPARTMENT STAFF, 1966

Medical Officer of Health and Principal School Medical Officer :

G. M. O'DONNELL, B.A., M.B., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:

A. I. BLENKINSOP, M.B., B.S., D.P.H., D.Obst.R.C.O.G., D.C.H.

Assistant Medical Officers of Health :

MOIRA K. E. ALLINGTON, B.A., M.B., B.Ch., D.C.H., D.P.H.

DOUGLAS G. SNELL, M.B., B.S., D.P.H.

Chest Physician (part-time) :

EDGAR N. MOYES, M.D., F.R.C.P.
(Chest Physician, Regional Hospital Board)

Honorary Adviser in Mental Heath :

A. M. SPENCER, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M.

Psychiatrist (Part-time) :

EILEEN M. WHITELAW, M.B., B.S.

Public Analyst :

W. E. JONES, M.Sc., F.R.I.C. (County Analyst—Services utilised by arrangements with Worcestershire County Council)

Principal Dental Officer :

E. R. DOWLAND, L.D.S., R.C.S. (Eng.)

Dental Officers (Part-time) :

MRS. B. SAVAGE, B.D.S.

R. WEBLEY, L.D.S.

Dental Anæsthetists (Part-time):

H. HARVEY, M.D., M.B., B.S., D.A.
C. T. MILLS, M.B., Ch.B.
W. D. STEEL, M.B., B.S., M.R.C.S., L.R.C.P.

Dental Surgery Assistants:

MRS. R. J. YOUNG
MRS. J. E. RICKETTS (Resigned 30th September, 1967)
MISS M. PARTRIDGE (Commenced 9th October, 1967)

Chief Public Health Inspector:

T. W. MARSDEN

Deputy Chief Public Health Inspector:

J. H. BENJAMIN

District Public Health Inspectors:

J. HARTLEY
G. D. HALES
T. C. COLEMAN
P. C. BEECH

Pupil Public Health Inspectors:

M. MILLEN
B. C. R. DICKENS

Rodent Officer:

P. ASHCROFT

Rodent Operative:

H. WILLIS

Disinfector, Van Driver, Etc.:

C. A. WEBB

Principal Nursing Officer and Non-Medical Supervisor of Midwives:

MISS O. KEYWOOD

Deputy Principal Nursing Officer and Deputy Non-Medical Supervisor of Midwives:

MISS P. M. DOWNING (Resigned 7th June, 1967)

Health Visitors/School Nurses:

Miss A. Dunlop
Miss P. Higgins
Mrs. A. E. Sandles (Resigned 15th December, 1967)
Miss J. M. Teece
Mrs. M. P. McQuaid
Mrs. C. E. Christopher (Commenced 5th September, 1967)
Miss D. Faughnan (Commenced 5th September, 1967)
Mrs. M. E. Howe (Part-time)
Mrs. M. Holmes (Part-time)

Trainee Health Visitors:

Mrs. U. M. Austin (Commenced 11th September, 1967
Mrs. E. F. Wardle (Commenced 11th September, 1967)

Clinic Nurses (Temporary Appointment):

Mrs. S. E. Hawkesford (Part-time. Change of appointment to School Nurse 1st April, 1967)
Mrs. M. I. Hughes (Part-time)
Mrs. E. Corbett (Part-time)

Senior District Nurse:

Miss M. J. Cartwright

Geriatric District Nurse:

Mrs. P. Lister

District Nurses:

Mrs. E. Lock
Mr. J. Edwards
Mr. P. J. Barker (Resigned 9th December, 1967)
Miss J. Preece
Mr. J. W. C. Kerton (Resigned 14th Janary, 1967)
Miss V. M. Nash (Resigned 30th September, 1967)
Miss J. M. Sharpe
Mrs. S. R. Beresford
Mrs. J. Cooper (Commenced 8th May, 1967)
Miss A. Feeley (Commenced 24th April, 1967)
Mrs. V. A. L. Brindley (Commenced 1st November, 1967)

District Nurses (Part-time):

Mrs. S. K. Drinkwater
Mrs. M. Naylor
Mrs. A. E. Brookes
Mr. M. Jacobs (Resigned 30th September, 1967)
Mrs. G. Hurst (Commenced 20th May, 1967)
Mrs. G. M. Hart
Mrs. A. V. J. Davis
Mrs. E. S. S. Carter
Mrs. E. F. Wardle (Change of appointment to Trainee Health Visitor)

Clerk, Nursing Institute:

Mrs. M. M. Anderton (Commenced 24th April, 1967)

Social Worker (Part-time) (Geriatrics):

Miss M. E. Barling (Commenced 11th September, 1967)

Chiropodists (Part-time):

Mrs. M. R. Gilbert
Miss J. E. Price
Mr. R. J. Bailey

Mental Welfare Officers:

W. H. Horne (Retired 30th September, 1967)
J. A. Everett (Retired 31st October, 1967)
Miss P. F. Rogers (Commenced 24th July, 1967)

Senior Mental Welfare Officer:

P. Y. Griffith (Commenced 6th November, 1967)
D. H. McGilvray (Commenced 2nd October, 1967)

Home Help Organiser:

Miss C. J. Pain

Assistant Home Help Organiser:

Mrs. M. J. Lucey

Chief Clerk:

A. J. RIX

Senior Clerk:

MISS E. C. GRIFFIN

Secretary to Medical Officer of Health:

MISS M. M. PARSONS

Clerical Officers:

MISS E. BISHOP
MISS M. F. DUNNE
and 10 full-time clerks

Manager/Superintendent, Perryfields Residential Hostel and Adult Training Centre

W. T. BAYLAY

Assistant Superintendent, Residential Hostel, Perryfields

MRS. E. EDWARDS (Resigned 31st May, 1967)
MRS. E. E. NICHOLLS (Commenced 15th May, 1967)

Senior Assistant Supervisor, Adult Training Centre, Perryfields:

MRS. J. I. BREEZE

Assistant Supervisor, Adult Training Centre, Perryfields:

MRS. K. B. WILKES (Resigned 16th Septebmer, 1967)
MRS. A. STOCK (Commenced 18th September, 1967)

Instructors, Adult Training Centre, Perryfields:

D. W. ROBINSON
J. JONES

Assistant Instructor, Adult Training Centre, Perryfields:

MRS. L. J. BOWER

ANNUAL REPORT

ON THE

HEALTH OF THE CITY

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.

To the Right Worshipful the Mayor, Aldermen and Councillors of the City of Worcester.

MR. MAYOR, LADIES AND GENTLEMEN,

A Medical Officer of Health numbers his reports with the same care that a masai herdsman shows to his cows or a Birmingham businessman to his motor car. They are his most obvious sign of wealth, though perhaps less likely to have such a forceful impact on the general public. This is my ninth report on the health of the City and I should first like to thank the Chairman, Alderman W. J. Daniel, M.B.E., J.P., and members of the Health Committee for the sustained help and encouragement they have given me during the year.

My colleagues in other departments and organisations have afforded me every courtesy and assistance and in particular I should like to acknowledge the support and co-operation of those in my own profession.

Lastly, I should like to thank the staff of the Health Department for the conscientious and devoted manner in which they have carried out their duties. The quality and extent of their work should be apparent in the following pages.

Yours faithfully

G. M. O'DONNELL,

BRINGING HOME THE BACON

It is now some time since Gadarene swine were popular in Worcester or for that matter in any part of the country, and yet they have one admirable quality which is particularly suited to our times. They live quietly and work according to their nature until declared redundant, whereupon they accept a dead-end job with unique fervour and determination. This ability to change jobs without demur, to yield to pressure from above, to sacrifice family ties and stability at another's behest is ideally suited to our life today. We are perhaps still rather slow in recognising this. There are even those who make ineffectual protest, but all inhabitants of urban civilisations are becoming increasingly aware that the power to direct their lives in any worthwhile sense is being gradually drained away. At its simplest it is that the good of the family is being sacrificed to that of the state for the most impeccable motives. A world of unsettled migrants, moving according to the whim of computer and automation, is hard enough on men who must cope with work mobility and job retraining, but it is more disturbing for wives and fatal for children.

At present we still have settled communities who can provide an element of security for our modern economic wanderers, but tomorrow we may all be living out of a five year suitcase. It seems both equivocal and illogical to constantly increase health, welfare and social services while instituting a form of life which may ultimately deform the individual personality, obliterate community instinct and lead to a general increase in mental and emotional disturbance. A feeling of impermanence, of not belonging, is bad for all citizens, but its worst effect is on those who govern, as fresh powers are constantly required to keep the herd in some sort of recognisable order.

It is in this context that the fate of local authorities is of real importance as they remain a fixed and relatively unchanged point of reference for a community. Newcomers are aware that the pattern of local government is much the same throughout the country and that the services available in one part are likely to be duplicated in another. They are also aware how vulnerable local authorities are to public opinion, how accessible their members and how restrainable their officials. It is possible for an individual to bully a local authority and indeed this is often very salutary, but one requires exceptional powers of persuasion and persistence to reach into the recesses of Whitehall. It would be ironic if the local authority, so often represented as a cabal of corrupt aldermen, bumbling councillors and venal officials, became the last bastion of individual freedom. It would be tragic if it merely disappeared, compliant in the maw of regional government or so vastly bloated in size as to be divorced from the people it serves.

STREET WALKERS

It is a matter of some congratulation that the vast extension of our Sewage Works in Worcester should be parallelled by similar development in the dog population. Many of our suburban streets can now justifiably be classified as canine sewers of the open, actinic type, and this has been accomplished without any capital expenditure, loan sanction or rating increase.

Changes of this nature are not without their critics who take issue on the grounds of aesthetic sensibility or lack of hygiene. On the other hand local pedestrians have derived much benefit and can be distinguished by their nimble stance, quick vision and a manner of walking that might puzzle the distant observer. Although not sufficiently hallowed by time to become a tourist attraction, these individual avoiding efforts may well gain the form of cohesion necessary to develop into folk dances to entrance a later age.

"I am against it," said Calvin Coolidge.

One of the great disadvantages of a modern town is that we can only sin on a small scale. While individual frailty may evoke compassion it rarely inspires awe and we lack the numbers and opportunity to achieve distinction in this pursuit. How different it is in the Metropolis and the larger cities where sin is significant statistically and its consequences in terms of illegitimacy, delinquincy and drug addition so easily demonstrated.

GENERAL STATISTICS

Area (in acres)	6,114
Estimated population	70,230
Number of inhabited dwellings	23,810
Number of persons per dwelling	2·95
Rateable value of the borough	£3,114,800
Product of a Penny Rate	£12,710

VITAL STATISTICS

Live Births	
Number	1,219
Rate per 1,000 population	16·84
Illegitimate Live Births per cent of total live births	6·73
Stillbirths	
Number	20
Rate per 1,000 total live and still births ...	16·14
Total Live and Still Births	1,239
Infant Deaths (deaths under 1 year)	19
Infant Mortality Rates	
Total infant deaths per 1,000 total live births	15·59
Legitimate infant deaths per 1,000 legitimate live births	14·95
Illegitimate infant deaths per 1,000 illigitimate live births	24·39
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	10·66
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	10·66
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births)	26·63
Maternal Mortality (including abortions)	
Number of deaths	1
Rate per 1,000 total live and still births ...	0·81
Deaths	
Number	771
Rate per 1,000 population	10·87
Number of deaths from tuberculosis (all respiratory)	1
Tuberculosis death rate per 1,000 population ...	·01

The following abridged table of deaths published by the Registrar General details the deaths under 36 main headings.

	Under 4 weeks		4 weeks and under 1 year		Age in Years																		Totals		Grand Total
					1+		5+		15+		25+		35+		45+		55+		65+		75+				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1 Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
9 Other infective and parasitic diseases ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1	2
10 Malignant neoplasm, stomach ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	1	4	1	2	5	7	12
11 Malignant neoplasm, lung, bronchus ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	17	—	12	3	5	1	38	4	42
12 Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	1	—	—	—	4	—	4	—	13	13
13 Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	1	—	—	—	—	—	5	5
14 Other malignant and lymphatic neoplasms	—	—	—	—	—	—	—	—	—	—	2	1	4	—	4	6	7	8	11	8	16	15	44	38	82
15 Leukaemia, aleukaemia	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1	1	—	—	—	2	2	4
16 Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2
17 Vascular lesions of nervous system ..	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	2	7	9	14	20	40	63	64	94	158
18 Coronary disease, angina	—	—	—	—	—	—	—	—	—	—	—	—	4	—	10	1	20	9	27	14	12	28	73	52	125
19 Hypertension with heart disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5	1	2	1	1	8	8	11	19
20 Other heart disease	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	3	5	3	6	9	20	35	34	50	84
21 Other circulatory disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	5	1	6	11	10	9	23	21	44
22 Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	2	2
23 Pneumonia	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	6	9	9	13	22
24 Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	7	2	15	4	7	7	31	13	44
25 Other diseases of respiratory system ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2	—	6	—	6
26 Ulcer of stomach and duodenum ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	2	3	2	5
27 Gastritis, enteritis and diarrhoea ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	2	3	5
28 Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	2	1	3
29 Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2
30 Pregnancy, child-birth abortion ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
31 Congenital malformations	2	1	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	6
32 Other defined and ill-defined diseases ..	6	4	1	—	1	—	—	—	1	—	—	—	—	1	4	2	5	5	3	4	9	8	30	24	54
33 Motor vehicle accidents	—	—	—	—	—	—	3	—	3	1	1	—	—	—	—	—	1	2	1	2	—	1	9	6	15
34 All other accidents	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	2	2	3	5
35 Suicide	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	2	—	—	—	2	—	—	3	4	7
36 Homicide and operations of war ..	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	8	5	5	1	2	2	3	1	6	1	5	2	13	5	30	24	88	44	102	90	134	200	396	375	771

HEALTH STATISTICS

> "In the past oracles studied the entrails of a cock before they prophesied. Now they use statistics. The results are similar but one can sell the cock afterwards".
>
> A. de Voher.

INFANT MORTALITY

The death rate of children in the first year of life fell to 15·59 per 1,000 total live births. This is the lowest infant mortality rate ever recorded in Worcester and reflects the high standard of parental care and living conditions in the City. The mortality rates for children under four weeks and under one week also decreased but our stillbirths remain slightly above the national average. Two illegitimate babies died, one from multiple congenital abnormalities and the other from respiratory distress syndrome associated with prematurity.

There was one maternal death.

CAUSES OF INFANT DEATHS

Causes:—	Under 1 week	Under 4 weeks	Under 1 year
Prematurity	3	3	3
Prematurity and Birth Injury	1	1	1
Prematurity and Respiratory Infection	5	5	5
Respiratory Infection	1	1	4
Congenital Malformation ...	3	3	4
Intestinal Obstruction ...	—	—	1
E Coli-Septicaemia	—	—	1
Total ...	13	13	19
Where Died:—			
Home	1	—	3
Hospitals in this area	12	—	2
En route to hospital	—	—	1
Total ...	13	—	6

CAUSES OF STILLBIRTHS

Placental Insufficiency	5
Placental Insufficiency and Maternal Hypertension	1
Antepartum Haemorrhage	5
Foetal Abnormalities	2
Malpresentation	2
Birth Injury	3
Unknown Cause	2
Total	20

DEATH RATES

Last year our adjusted death rate was 10·59 deaths from all causes per 1,000 population and the lowest ever in the City. This year's rise to 10·87 is only a minimal change and we remain just above the national average.

Where particular death rates are concerned it is interesting to see that tuberculosis claimed only one victim in 1967, but that there was a small increase of lung cancer and quite a big jump in the overall figure for malignant conditions.

Coronary disease and Angina were mainly concentrated on those in the closing decades of life, but even so fifteen of the victims were under the age of 55 years and otherwise in good health.

DEATHS FROM VIOLENCE

Suicide (7 deaths), Homicide (1), Accidents (5), were the same or lower than in recent years but deaths due to motor vehicles (15) almost doubled in number. Motor cars incur a great deal of criticism these days but no one can deny that they supply an efficient and convenient means of passage from this world to the next. One wonders indeed whether the statue they endow in this life is transmitted to the hereafter so that those dying in battle with an Alvis or Bentley are assured of a more prominent role among the heavenly Choirs than those eclipsed by less patrician models.

Of the seven suicides, the most inherently tragic form of death, all but one were due to aspirin or barbiturate poisioning. Three men and four women died this way and the deaths were not concentrated in any particular age group.

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 21—Health Centres

One must reluctantly concede that the expression "Health Centre", while of a pleasingly direct and even robust construction, does little to titillate the imagination. In Worcester most people go in ignorance of the delights which it embodies, while even those aware that it may soon assume tangible form find difficulty in enthusing beyonds the bounds of conventional propriety. In contrast the doctors, architects and advisory staff who have worked for some years on this project, react to any mention of it in a most gratifying and picturesque manner. The fear that something may go wrong, that interminable evenings of planning and discussion, compromise and persuasion might be in vain, provokes a conditioned reaction almost akin to a seizure. However, this is not due to any lessening of optimism, indeed one could say that these fears are Kraft-Ebbing, if only because to date there has been no real instance of dissension among those involved.

At this stage one can only say that there has been encouraging progress. Everyone has shown a remarkably persistent goodwill. We hope to present the final proposals to the City Council and the Local Executive Council in the summer of 1968 and may Pallas Athenae whose affection for the august bodies is well known, grant them the grace of speedy approval.

SECTION 22—Care of Expectant and Nursing Mothers and Chilldren under School Age

(a) Ante-Natal Clinics

The weekly ante-natal clinics at the Tything Nursing Institute, and at Warndon Clinic have continued, although the attendances have once again decreased. 365 expectant mothers attended compared with 418 in 1966. This decrease, though partly explained by the fact that the birth rate dropped somewhat, is largely due to the fact that more mothers are being confined in hospital than in previous years. Mothers in what are regarded as "High Risk" groups, for example those over the age of 35 or having had more than four previous children, are being urged to have their babies in Obstetric Units. Their ante-natal care is in these cases undertaken by the Maternity Hospital staffs, although in many instances the mothers return to their own homes shortly after delivery and are cared for there by the domiciliary midwives.

(b) Parentcraft and Relaxation Classes

The classes held at The Tything Nursing Institute and at Powell's Row, St. Johns, have continued through 1967. It was necessary to close the Warndon class as the numbers attending did not justify its continuation. It seems that many mothers prefer to come to The Tything on Friday morning and combine their visit to the clinic with a shopping expedition in the centre of the City. The number of mothers coming to these classes continues to increase and this year 237 expectant mothers made 1,125 attendances.

(c) Care of the Unmarried Mother

I am indebted to Mrs. N. Angelbeck, Social Worker for the Worcester Diocesan Association for Family and Social Service for the following report.

"1967 was a somewhat difficult year for the Association. The City was without a Social Worker for ten months, during which time the antenatal care and arrangements for unmarried mothers were dealt with by the City Health Department and the Children's Department. Later if the girls requested adoption they were referred back to W.D.A. for Family and Social Service.

Although figures taken over the whole of the County show a drop in the illegitimate birthrate, this has not proved to be the case here. I think perhaps more girls are getting support from their families and an increasing number elect to keep their babies one hopes these babies will be accepted by the community and the stigma of illegitimacy forgotten.

The present cosmopolitan society does little to help in this work and last year I dealt with 15 different nationalites. An interpreter on the staff would not come amiss.

We are fortunate in having some excellent foster mothers who are prepared to take a baby at a moment's notice. Many girls have found that the sight of their babies settled happily with a reliable foster mother has done much to alleviate the pain and distress of parting with their babies".

(d) Dental Care of Expectant Mothers and Young Children

Mr. E. R. Dowland Principal Dental Officer, reports as follows:

"There was a drop in the number of mothers attending the clinic. Ten mothers were inspected and needed treatment. The majority of these patients required little treatment as the figures show.

Only twelve conservations were done and teeth extracted. One mother was supplied with a full upper denture.

Forty-nine children were inspected and thirty-one required treatment.

The extraction figures remain high because pain is often the cause of the inspection and surgical treatment is required.

Many of these infants continue to have conservative treatment. Twenty-four fillings were done in deciduous teeth, an increase on the previous year.

Thirty-three per cent of the infants inspected had perfect mouths, similar proportion as 1966, which shows parents are definintely more dentally conscious.

(e) Child Welfare Clinics

Our child welfare clinics continue to flourish and the number of mothers attending for advice, either from the doctors or health visitors remains high. The new child welfare clinic at Claines was completed during the year, and opened by the Mayor of Worcester, Alderman E. J. Whitt. The somewhat Japanese styling of both the exterior with its decorative courtyard, and the interior with its black lacquer traceries, convey a subtle oriental ambience to an area of Worcester hitherto renowned as the traditional repository of purely local virtues.

(f) Family Planning

Family Planning has always been a useful diversion for the long winter nights. It is a subject which generates considerable emotion, both as regards the principle and the means. To some people is represents the specific for world peace and wellbeing while others oppose it on moral or religious grounds. Its international flavour is reflected in the nomenclature of the various appliances used which suggest that such could originate only in the Continent of Europe, a very doubtful place at the best of times. Nowadays it is a less contentious subject. The polemics are becoming blurred and the startling rise in the world population shows that some form of birth control other than the use of the negative or a slide rule is required. The advent of the contraceptive pill has in fact made family planning and its protagonists almost respectable and only in such issues as availability to the young do latent antagonisms arise.

In Worcester, family planning has been promoted discreetly and assiduously for some years. Apart from that carried out at the hospitals and by the general practitioners, the work is divided between the clinics of the local authority mainly catering for those to whom pregnancy would be detrimental to health, and those of the Family Planning Association. Each service holds three sessions weekly and the latter receives considerable financial and other help from the Health Committee. This joint scheme has worked extremly well and the degree of co-operation required make it a relatively easy matter to comply with the recommendations of the new Family Planning Act of 1967.

This Act extends the existing powers of the local health authorities so that they can provide advice and supplies with regard to contraception to those who need them on social grounds and not as previously, to medical cases only. No charges are to be made for medical cases or for the examination or advice given in non-medical cases. Prescriptions or drugs and appliances supplied to the latter may incur a charge. No distinction is drawn in the Act between the married and unmarried and authorities have power to provide all necessary help to unmarried persons. Nor is it necessary to continue the service to the clinics alone as domiciliary visiting, advice and treatment is encouraged where the circumstances justify it.

The Health Committee gave very detailed and careful attention to the provisions of this Act and agreed to them all. Their only proviso was that where unmarried women were under the age of 21 years parental consent should be obtained wherever possible and appropriate, and that treatment in such instances should be at the discretion of the clinic doctor. They agreed to accept social cases, to enlarge the present domiciliary service in concept so that treatment as well as advice might be given in the home, and that existing arrangements with the Family Planning Association should be maintained. The Hospital Management Committee, general practitioners, Executive Council and Family Planning Association have all been informed of these decisions of the Health Committee which have met with their individual approval.

(g) Welfare Foods

During 1966 and 1967 the following quantities of welfare foods were bought by the public.

	1966	1967
National Dried Milk (Full Cream) ...	17,278	12,932
National Dried Milk (Half Cream) ...	74	50
Cod Liver Oil Bottles	972	974
Vitamins A and D Packets	1,120	1 045
Orange Juice Bottles	17,707	17,991

(h) National Society for the Prevention of Cruelty to Children

I should like to thank the Worcester and Mid-Worcestershire Branch of the N.S.P.C.C. and their inspector, Mr. William Andrews, for the help given to the Department during the year and for their concern and solicitude in the care of the more unfortunate children in this area.

(i) Daily Minding Service

One of the problems facing the unmarried mother, the widow or the deserted wife is the care of her young children while she goes out to work in order to support the family. The care of such children under the age of five years is provided by the Daily Minding Service. The children are placed for daytime care with approved private families and the cost of minding is borne by the Council, a small charge being made to the mother to cover the provision of food. The service is also extended to families where the mother is ill and therefore unable to care for her children. The demand for this service is constantly increasing and during 1967 thirty-one children were placed with Child Minders.

(j) Play Groups

The late Professor Simon Yudkin in his report on the care of Pre-school Children drew attention to the need for children from three to five years of age to mix with others of a similar age in a stimulating enviroment. The purpose of a Play Group is not to relieve the mother of the care of her child, but to provide the child with companionship and interest. Such Play Groups must be registered wtih the local health authority and are subject to the inspection of the Authority. During 1967 six such groups were registered in Worcester and provision in them made for 114 children.

Three of the Groups meet in our child welfare clinics (Warndon, Powell's Row and Perryfields), others in Church Hall or private premises. The organisers make a small charge to the parents to cover rent of the premises, provision of equipment, etc.

These play groups have proved most successful and have, we believe, satisfied a real need among pre-school children. Several Groups have a waiting list and it seems most probable that several more Groups will be opened during 1968.

(k) Assessment of Very Young Children

All our doctors have attended the Ruth Griffiths Course and are now experienced in assessing very young children by way of this particular method, which is of very real value in the testing of children up to two years of age. Apart from giving an indication of the child's future abilities, the Ruth Griffiths Scale is also helpful in diagnosing existing defects such as deafness, spasticity and mental retardation, etc.

Cases are referred by the Health Department staff or by the hospital, while a number are selected from the At Risk Register. During the year 18 children were tested. Of these, 6 were found to be severely subnormal while a number of others had defects such as spasticity, blindness or defective hearing.

(l) Congenital Abnormalities

19 children with congenital defects were recorded in 1967 and notified to the Ministry of Health for inclusion in that year's statistics. The following table shows a list of those defects graded according to the official classification.

Central Nervous System	
Spina bifida	1
Spina bifida and meningocele	1
Alimentary System	
Ascites	1
Cleft palate	1
Urogenital System	
Defect of female genitalia	1
Hypospadias	1
Hydrocele	1
Limbs	
Talipes	8
Congenital Dislocation of hip	3
Other systems	
Vascular defects of skin, subcutaneous tissues and mucous membranes	2

Circular 1/67

The Minister has requested information with regard to the progress of the scheme of notification to Medical Officers of Health of congenital defects apparent at birth. By and large the scheme has worked reasonably well and the necessary information is being obtained without difficulty.

(m) At Risk Register

Children who by reason of their family or birth history might be more likely to develop some form of defect or handicap in later years are placed on the At Risk Register and examined at six months and again at two years. In the main this examination consists of a simple test of hearing carried out by the health visitors, but the occasion also serves as a useful pretext to ensure that the child is making normal progress in every field.

During 1967, 319 children were tested, and of these 31 were referred for further investigation.

Next year we hope to introduce certain changes relating to this Register which is growing to unmanageable proportions. In our anxiety to ensure that no child with a defect is missed we have used too generous a system of screening with the result that we have included far more children than can be tested under present circumstances. It would, therefore, seem preferable to enter on a Register only the names of those children of whom we have a definite title of suspicion and to whom we can subsequently give a greater degree of attention.

(n) Phenylketonuria

The number of tests in 1967 was 2,428, all of which were found to be negative.

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
		Died				Died				Died			Born	
	Total births (1)	within 24 hours of birth (2)	in 1 and under 7 days (3)	in 7 and under 28 days (4)	Total births (5)	within 24 hours of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)	Total births (9)	within 24 hours of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)	in hospital (13.	at home or in a nursing home (14)
2lb. 3oz. or less	1	1	—	—	—	—	—	—	—	—	—	—	1	2
Over 2lb. 3oz. up to and including 3lb. 4oz. ..	3	1	1	—	1	1	—	—	1	—	1	—	3	—
Over 3lb. 4oz. up to and including 4lb. 6oz. ..	9	3	—	—	3	—	—	—	1	1	—	—	4	—
Over 4lb. 6oz. up to and including 4lb. 15oz. ..	15	—	—	—	1	—	—	—	1	—	—	—	—	—
Over 4lb. 15oz. up to and including 5lb. 8oz. ..	38	—	2	—	2	—	—	—	—	—	—	—	1	—
Total	66	5	3	—	7	1	—	—	3	1	1	—	9	2

DOMICILIARY NURSING SERVICES

I am indebted to Miss Olive Keywood, our Principal Nursing Officer, for the support which she has given me during the year and for the main content of the following reports on the nursing services.

At the end of May, 1967, we were sorry to say good-bye to Miss Pauline Downing, our Deputy Prinicipal Nursing Officer, who had taken special responsibility for the administration of the Health Visiting Service. Miss Downing is now nursing in the wilds of the Australian bush and is, we understand, enjoying her well earned rest.

Ministry of Health Social Science Research Unit.

In October a survey was conducted by the Ministry of Health into attachment or liaison schemes of health visitors and home nurses with family doctors. A questionnaire was sent to a cross-section of local health authorities and Worcester was one of the 48 selected. We were later informed that we were one of the five local authorities selected for further investigation and a member of the research team visited us on November 23rd.

The Public Health Nursing Officer of the Ministry of Health visited Worcester in August. She met and talked with health visitors, district nurses and midwives in addition to the administrative staff.

Miss Keywood attended the Conference for Principal Nursing Officers and Senior Nurse Administrators arranged by the Ministry of Health for local health authority staff.

Midwifery.

234 mothers were delivered in their own homes during 1967 and were attended by the domiciliary midwives. In addition, visits were made to 511 mothers discharged from hospital before the end of the lying-in period.

Ten pupil midwives completed their course of training and nine passed the Part II examnation of the Central Midwives Board at the first attempt. Of these nine, two were seconded to us by the Queen Elizabeth Hospital, Birmingham.

The Non-Medical Supervisor of Midwives attended the Autumn Meeting of the Association of Supervisors of Midwives.

Health Visiting

Whereas the work of the district nurse and the midwife is fairly well understood by members of the community, the role of the health visitor is much more difficult to define. This problem has been faced by the World Health Organisation in its Technical Report No. 167, and as a consequence the following definition of the health visitor's function in the United Kingdom has been given:

> The health visitor is a nurse with post-registration qualification who provides a continuing service to families and individuals in the community. Her work has five main aspects:
>
> 1. The prevention of mental, physical and emotional ill health and its consequences;
> 2. Early detection of ill health and the surveillance of high risk groups;
> 3. Recognition and identification of need and mobilisation of appropriate resources where necessary;
> 4. Health teaching;
> 5. Provision of care; this will include support during periods of stress and advice and guidance in cases of illness as well as in the care and management of children. The health visitor is not however, actively engaged in technical nursing procedures.

From this it can be seen that her work is literally never done and that increasing demands are constantly being made upon her.

Staff shortages have unfortunately continued throughout a large part of 1967, but we hope that this difficulty will soon be resolved as we are very fortunate in being able to recruit health visitor students of a very high calibre.

Mrs. C. Christopher and Miss D. Faughnan completed their training in September and both were successful in their examination, Mrs. Christopher obtained a credit. We are very pleased to welcome them to the staff.

In October two more student health visitors started their training at the North Gloucestershire Technical College at Cheltenham. Both these students had previously been on the staff of the Nursing Institute. On completion of the course they too will join the health visiting staff of the City.

A high light of the year was the opening o fthe modern clinic at Claines. The health visitor in charge of this clinic is Mrs. M. McQuaid and we know that she enjoys working in such modern surroundings.

I would like to thank the Health Committee for giving me the the opportunity of attending the Annual Conference of the Maternal & Child Welfare Association in Cardiff.

Home Nursing

During 1967 the district nurses paid 54,624 visits to 1,251 patients. This showed an overall increase over 1966 of approximately 5%. The proportion of visits to patients over the age of 65 rose slightly to 78% of the total.

The care of the elderly, many of whom are living alone in far from ideal conditions, is a matter of increasing concern. Regular visits to almshouses have been continued and in September Mrs. Lister was re-designated "Geriatric District Nurse" and now concentrates on regular visiting of the old people in an endeavour to introduce any necessary help to them in good time and so avert unnecessary suffering. During the last four months of 1967 she paid 890 visits to our elderly patients.

Attachment of district nurses to groups of general practitioners has been extended to two more group practices. Attachment schemes have now been in operation in the City for three years with, we feel, unqualified success.

Once again talks have been given to student and pupil nurses from the Worcester hospitals who have accompanied the district nurses in order to gain some insight into work in patients' own homes.

We were sorry to say good-bye to Mr. Maurice Jacobs in September. Mr. Jacobs has been on the district nursing staff for eleven years and he is now a student at the Worcester College of Education. We wish him all success in his new career.

Ten State Registered Nurses completed the course of training for the National Certificate in District Nursing and the Certificate of the Queen's Institute of District Nursing. Of these, eight have remained on our staff and the other two have returned to the local authorities who sponsored their training. Another three students from Worcestershire County Council joined our students for theoretical training.

Marie Curie Memorial Foundation.

The generosity of the Marie Curie Memorial Foundation has enabled us to assist twenty-two very ill cancer patients. This has usually taken the form of extra nursing but help has also been given with the provision of special equipment and extra nourishment. Extra nursing has also been given to a sufferer from Multiple Sclerosis through the generosity of the Multiple Sclerosis Society.

Loan of Nursing Comforts

During the past year there has been an increase of 20% on the 1966 figure to give a total of 863 articles loaned to patients. Most of these were simple aids such as bedpans, commodes bedcradles and air-rings, but in recent years our range of articles has grown considerably. We can now also supply such items as hoists, ripple beds and wheelchairs which are more complicated and expensive, and we are grateful to the Worcester Round Table and Ladies Circle for two ripple beds and to the St. Martin's Young Wives Group for three wheelchairs which are supplementing our stock of these articles.

We have also distributed beds, mattresses and blankets which have been donated by the public, to patients requiring help and would like to pass on their thanks and add our own.

There are now 42 patients using incontinence pants and pads which enable them to get out and about with comfort and without embarrassment.

Incontinence pads used to protect beds have been invaluable and a total of 12,000 have been used this year. The saving in time and labour is incalculable, both for the nurses and the relatives of the patients.

Pilot Scheme—Multiple Sclerosis Society

For some years we have had very helpful support from the Marie Curie Memoral Foundation who have provided us with a Day and Night Nursing Service for cancer patients. During the year rather a similar scheme evolved by which we provided nursing or sitting-in service for individual cases of multiple sclerosis, the cost of which is borne by the Multiple Sclerosis Society. It is, of course, a great asset to us to be able to offer this extra help to those unfortunate enough to be afflicted with this disease. I am most grateful to the Society and also to their General Secretary, Mr. A. C. Waine, whose patience and good will has got us over all the administrative hurdles.

Record of Immunisations and Vaccinations carried out during the year 1967:

Number of children who completed a primary course against:—	Year of Birth					Others under age 16	Total
	1967	**1966**	**1965**	**1964**	1960-63		
Diphtheria	533	655	22	10	101	60	1,381
Whooping Cough ...	526	651	19	10	17	—	1,223
Tetanus	533	655	23	10	110	148	1,479
Poliomyelitis	526	656	35	10	130	64	1,421
Number of children who received a reinforcing dose against—							
Diphtheria	—	354	542	41	954	819	2,710
Whooping Cough ...	—	347	538	38	206	26	1,155
Tetanus	—	354	542	40	951	804	2,691
Poliomyelitis	—	344	520	42	1,002	249	2,157

SECTION 26—Vaccination and Immunisation

Last year we were informed by the Ministry of Health that we were one of nine local authorities who had been able to acheive vaccination and immunisation rates well above the national average. This year there has been a further increase in our figures which, where primary courses for diphtheria, whooping cough and tetanus are concerned, will probably only maintain the status quo as our population has also risen. However, primary smallpox vaccination and reinforcing doses show a significant increase.

I am grateful to the general practitioners who have co-operated so well with our staff in introducing these favourable results.

Diphtheria

I am pleased to report that while the number of children who have had a primary course remain virtually unchanged, there has been a further increase in the numbers receiving a booster injection. Primary immunisaton against diphtheria is mainly by triple antigen (diphtheria, whooping cough and tetanus). This course is started when the baby is two months old, booster doses being given at 18 months, 5 years and again at 8 years, the last two being diphtheria and tetanus only.

Whooping Cough

Compared with last year there has been an increase in completed primary courses, 1,223 against 1,126, but the number of reinforcing doses decreased from 1,224 to 1,155.

Tetanus

The number of children completing a primary course remains virtually the same, but booster doses increased from 2 382 to 2,691.

Poliomyelitis

Primary courses fell from 1,475 to 1,421, but boosters rose quite dramatically from 1,440 to 2,157.

Smallpox

A really substantial rise took place during the year as the figures quoted below attest. In the previous year the total of vaccination was 864 and revaccination 323.

Age at date of vaccination	Number of persons vaccinated (or re-vaccinated) during the year ended 31st December, 1967	
	Number vaccinated	Number revaccinated
0 to 3 months	41	—
3 to 6 months	21	—
6 to 9 months	7	—
9 to 12 months	11	—
1 year	754	—
2 to 4	110	9
5 to 15	30	726
Total	974	735

B.C.G.:

B.C.G. vaccination supplied under Section 28 of the National Health Service Act, is also carried out and it is perhaps more appropriate to include the results of this with the other forms of immunisation in this particular section. Appropriate statistics are quoted below.

Return for the year ended 31*st December,* 1967

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. CONTACTS (Circular 19/64)

(i) No. skin tested	68
(ii) No. found positive	28
(iii) No. found negative	40
(iv) No. vaccinated	26

(Some Heaf tests were for diagnosis only)

B. SCHOOL CHILDREN AND STUDENTS (Circular 19/64)

(i) No. skin tested	1,013
(ii) No. found positive	127
(iii) No. found negative	855
(iv) No. vaccinated	840

SECTION 27—Ambulance Service.

The Worcester City and District Voluntary Ambulance Service is responsible for this work under an agency agreement with the City Council. Based on the new ambulance station built in 1958 as a joint undertaking of City and County, the service covers the southern part of the County as well as the entire City area. Its ability to function efficiently at a very economic level is due to generous support by volunteer members of the St. John

Ambulance Brigade and the British Red Cross Society who give valuable and effective help mainly in the evenings and weekend periods.

Mr. G. C. Hutchinson, Ambulance Officer, reports:

"Although there has been a slight decrease in the number of patients conveyed in the current year, mileage has gone up. The main reasons for this are the increasing number of stretcher cases which invariably involves one patient per journey and the reduction of long journeys by rail due to lack of facilities and increased costs. This, coupled with the increased use of specialist hospitals outside of the City and County, has given rise to the increased long distance journeys by road involving the use of ambulances. There has also been a marked increase in the number of patients attending not only Powick Hospital, but also the Annex situated in Malvern, which is now a daily occurrence.

Vehicles:

The present fleet strength is as follows:

7 Stretcher/Sitting Case Ambulances;

1 Sitting/Stretcher Case Ambulance;

1 Sitting Case Ambulance;

1 Single Stretcher Long Distance Ambulance;

1 Special Service Vehicle.

One Stretcher/Sitting Case Ambulance was replaced and as the result of an offer by the Ministry of Health of Civil Defence Surplus Ambulances, the Committe decided to purchase one of these which, whilst not up to the standard of the peacetime ambulances, would be used as a reinforcement under emergency conditions and also serve a useful function in the event of a major disaster, conveying stretchers, blankets and major disaster packs, and could be utilised on the scene as a mobile control.

Staff:

In order to meet the extra duties created by the long distance work the establishment for Ambulance Driver/Attendants was increased by one man. Although this has effected a temporary relief to the manning problem it is by no means certain that it will be maintained in the future.

Training:

Training for the full-time ambulance personnel continued with theoretical paediatrics, first aid, gynaecology and obstetric emergencies, diagnosis and treatment of unconscious patients, artificial respiration including the use of the Stephenson Minuteman and practical exercises.

Cases undertaken during the year:

	1967	1966
Accident or Emergency cases	1,156	(1,330)
Others	21,694	(22,370)
	22,850	(23,700)
Sitting Cases	16,515	(18,001)
Stretcher Cases	6,335	(5,699)
Journeys	7,999	(7,462)
Total Mileage including Residue ...	85,746	(80,646)
Average Miles per patient	3·75	3·40

Newtown Hospital figures included in the above:

Patients	1,078
Journeys	696
Miles	2,077

(a) Transport of Chiropody Patients

Total persons carried	416
Mileage	2,286

(b) General Ambulance Service (replacing Hospital Car Service)

During the year 1,692 patients were carried over a distance of 23,072 miles at a cost of £994. 3s. 11d.

SECTION 28—Prevention of Illness, Care and After Care.

(a) Prevention of Deafness

At the end of the year there were 631 children under the age of two years on the At Risk Register. These are children who by reason of their family history, difficulties at birth, or early illness, are at more than normal risk of developing defects or handicaps. These children are supervised regularly so that any appropriate treatment or training may be commenced at the earliest possible moment.

Of the children on the At Risk Register, 319 were tested for hearing defects at the age of approximately six months and 31 were referred for further investigation.

I should like to thank Mr. T. S. Stewart, Consultant E.N.T. Surgeon at the Worcester Royal Infirmary, for his co-operation and help in this work.

(b) Prevention of Tuberculosis

Notifications of death from respiratory tuberculosis are now at their lowest level as only one person died during the year from this cause. It is gratifying to see that the fall in notifications is continuing and though occasionally there will be a rise in a particular year's figures, the five year mean shows a consistently lower trend.

	Respiratory		Non-Respiratory	
Year	Notifications	Deaths	Notifications	Deaths
1959	35	5	5	0
1960	33	9	1	0
1961	22	6	1	1
1962	33	7	2	0
1963	15	6	2	0
1964	20	5	2	0
1965	15	5	1	0
1966	20	4	3	0
1967	16	1	4	0

After Care:

At the end of the year 20 patients were being supplied with free milk. Clothing, bedding and nursing aids remain available as necessary.

Mass Radiography Survey

In June the Mobile Unit of the Coventry Mass Radiography Service of the Birmingham Regional Hospital Board visited the City and I am grateful to their Medical Director, Dr. Gordon Evans, for the following results.

	Male	Female	Total
Organised Survey	1,994	2,132	4,126
Public	813	789	1,602
TOTAL	2,807	2,921	5,728

36 persons were referred to their doctors with the suggestion that they should attend the Chest Clinic for investigation. The final analysis, however, would seem to be that no new cases of serious disease were revealed.

During the year a Joint Circular from the Ministry of Health and the Home Office relating to the protection of children from tuberculosis was received. This stresses the need for protection of organised groups of children from the risk of infection by adults suffering from tuberculosis and also emphasises the necessity of frequent chest X-rays of those whose work brings them into close contact with such groups of children.

(c) Convalescence

Convalescence has always been a useful weapon in the limitation and prevention of disease and in recent years more and more general practitioners have requested it for their patients. During 1967, 27 adults benefited from it, in each instance for a period of two weeks. As a result we were considerably overspent on this heading and it was necessary to ask the Council for a supplementary estimate of some hundreds of pounds. Where possible I have asked Charities and Voluntary Organisations to pay for appropriate cases, in the course of which exercise I have acquired a facility in writing begging letters which will doubtless stand me in good stead when my days of working for a local authority are over.

(d) Health Education

Dr. Douglas Snell undertakes the supervision of health educational activities amongst our staff and reports as follows:

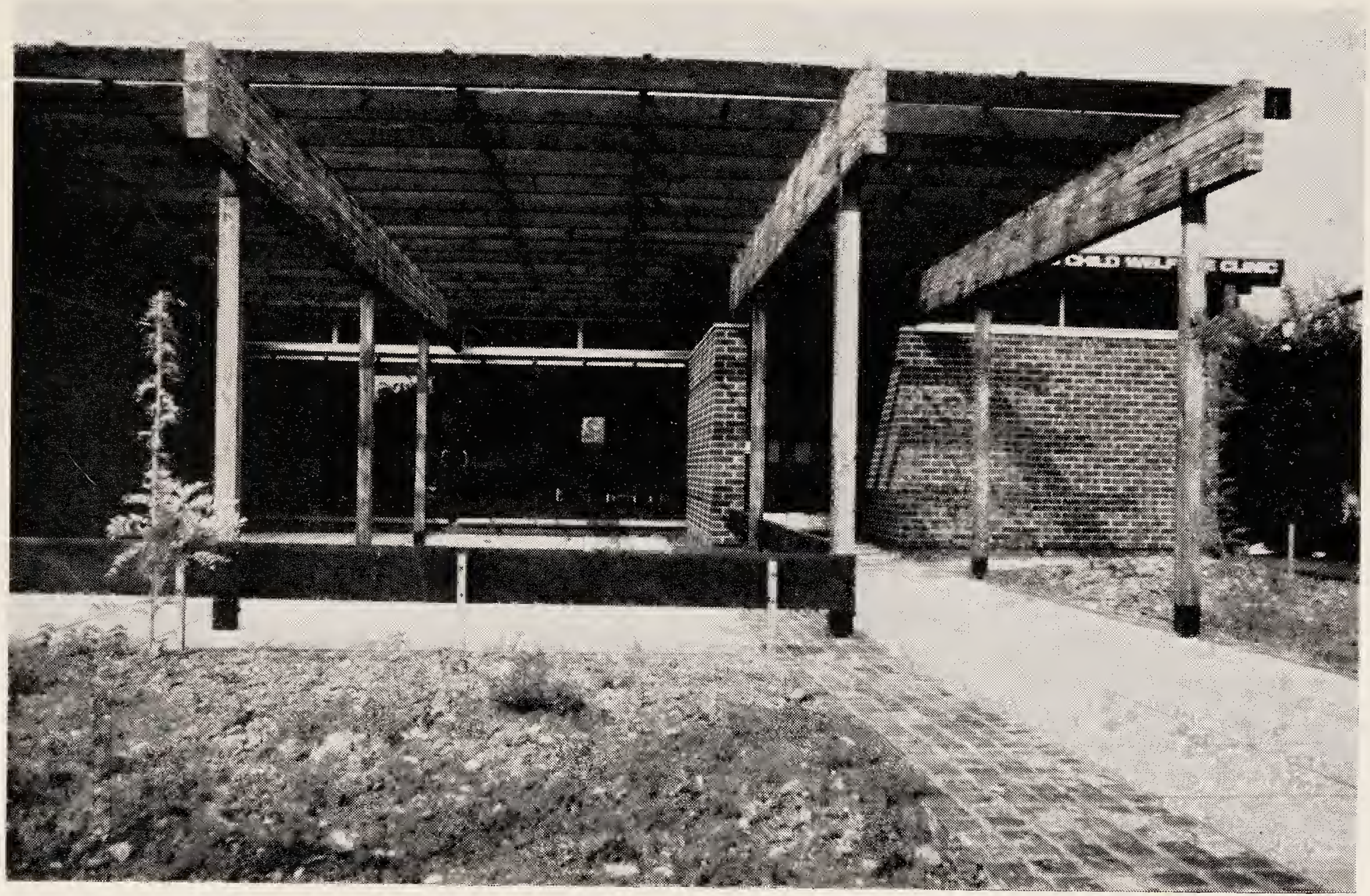
These days diseases and the preservation of health are popular items of news on all the mass media—the national and local press, radio and television. Interest is readily aroused in this way but if real benefit to individuals is to follow from the warnings and advice given to the public at large, a more personal approach is essential. This may take the form of individual or group discussions, demonstrations and the provision of leaflets and other literature.

All members and all branches of this department have a useful part to play in health education but none so much as the health visitors whose entry is welcomed into nearly every house in the City and who now work in close contact with the family doctors.

After home visits the next opportunity for giving useful advice to families is in our Child Welfare Clinics held weekly at nine centres, staffed by doctors, health visitors and other nurses. Six of these centres are in permanent buildings of this Department and at five of them health visitors have their offices which they attend for the first one and a half hours of every working day to give help to personal callers and to others who ask their advice by telephone. When the staff permits health visitors hold evening classes on Mothercraft, primarily for the benefit of young wives but husbands are welcome at some of the classes. These centres are also being used to a growing extent for two other activities which contribute to family health—play groups for pre-school children, operated by approved private individuals, and Family Planning Clinics, run by this Department and the Family Planning Association.

The impressionable years spent at school are of vital importance for influencing individual habits and ways of thought on health matters, including mental health. In the infant school these are largely by example and group activities, but in the upper classes of the junior school, and for the whole of the secondary education, the responsibilites of the individual must be stressed in planned talks and discussions. In addition to the help and advice given to parents and children by school medical officers and nurses at routine and special medical visits to schools, head teachers are making increasing requests for our assistance with new courses designed to fit children for life beyond the school. During this year subjects we have dealt with in secondary schools have included:— sexual development, problems of adolescence, preparation for marriage, parenthood, the care of young babies and health hazards of today including drug addiction, alcoholism, smoking, venereal and other infectious diseases. In one junior school, children who had taken the 11 + examination studied the work of Local Government and we contributed a session on "Keeping Worcester Healthy".

CLAINES CHILD WELFARE CLINIC



An edifice in the Japanese style for inculcation of harmonious thoughts.

Talking to small groups and classes in schools and clinics is a very worthwhile form of health education, but it does make great demands on the time of those who take part, not forgetting that the time required for preparation will be longer than that spent in taking classes. This year our staff was very depleted and regular teaching programmes had to be curtailed. One School Medical Officer was away on a course for six months. The Deputy Prinicipal Nursing Officer, who had done so much teaching work in the previous year, went abroad in April and was not replaced during the year. The number of health visitors at work in any month never reached even two-thirds of the approved establishment of 12. This is most unfortunate as they are often well suited to group teaching by temperament and their training.

Requests for occasional talks to youth groups and adult societies continued and it was generally possible to fit these in. As in previous years they included teaching and examining in first aid and the regular course of 12 lectures on food hygiene at the Technical College, responsibility for the latter being shared with the Deputy Chief Public Health Inspector.

Two additional items of visual aid equipment purchased during the year means that we now have the following apparatus available:

Bell and Howell 16 mm. Sound Cine Projector.
Aldis Projector for Slides and Film Strips.
Two portable screens, 5 feet and 4 feet.
"Daylight" Screen.
Record Player.
Continuous 8 mm. Cine Loop Projector (New).
Phillips Tape Recorded (New).

(f) Meals on Wheels

This service is undertaken by the Welfare Committee, the meals being prepared at Hillborough and delivered throughout the town by the Women's Royal Voluntary Service. Many old people become increasingly disinterested in food, particularly in its preparation, and eventually subsist on those comestibles which require the least effort in cooking. Finally they arrive at a stage where tea, bread and butter, cold meats and tinned food comprise their main diet. The serving of a hot meal twice a week by an outside agency is very acceptable to them and a real contribution to their health and welfare.

(g) Chiropody Service

For walking two legs are customary and these should be in good order. Old people are quick to seize on this essental and realise that of all the various services made available to them the one that enables them to get about on their lawful occasions without sensing the tortures of the Bastinado, is the most valuable. For this reason each year our figures for attendance at the Chiropody Clinics have been steadily rising and indeed, this year the increase has been very substantial indeed. Chiropody is a pouplar service, not only because of the physical relief it affords but also because the kindliness of our chiropodists is much appreciated by the people, and many of them also look forward to a trip with their friends of the Hospital Car Service. Most of the treatment is given in the clinic at Church House, but the housebound are also catered for in increasing numbers.

We are fortunate in having three fully qualified chiropodists working on a sessional basis and I would like to thank them for the excellent work which they have done during the year. I am also indebted to Mrs. Gilbert for letting me have the following report on behalf of herself and her two colleagues.

"The Chiropody Service has now entered into its sixth year and the five weekly clinics increased to seven by December, 1967. The clinics are held in the Health Department and provide treatment for old age pensioners, physically handicapped and expectant mothers, the patients being referred by general practitioners, local authority doctors, health visitors and district nurses. Transport for the handicapped is provided by the Hospital Car Service and we should like to thank Mr. Hutchison and the team of drivers for their cheerful kindliness when assisting the elderly to reach the clinic. The housebound patients are visited in their own homes and in an emergency patients can receive treatment from the chiropodists in their own surgeries. A clinic for school children is held once a fortnight.

Each adult patient has an average of four treatments a year but the pressure upon the service made a waiting period of up to twelve weeks in mid 1967 before a new patient could expect an appointment. The extra sessions should make things much easier in future.

The majority of our patients in the clinic are ladies over 60 years of age suffering from painful corns and callosities in deformed toes and the great toe joint, caused, we are forced to conclude, by the past and continued wearing of badly fitting footwear. Nevertheless there is a widely held opinion that the shoes are fine, it is the feet that hurt".

(h) Cervical Cytology

The demand for cervical cytology, which at the beginning of the year threatened to be overwhelming, has now tapered off and we are forced to go out into the highways and byeways for our clients. This is the common experience of nearly all authorities that have provided a full service and we are told that the situation could be changed and large numbers of women attracted to the clinics by continuing an intensive publicity. The results in Adelaide in Australia and Vancouver in British Columbia, in which cities cervical cytology attracted an almost 100 per cent response, are held up as examples of what can be achieved in this respect. However, both these cities are in countries which do not have a National Health Service, where clinical treatment can be very expensive, and where any form of medical investigation at a modest charge is bound to be extermely popular. In the United Kindom we are dealing with a far more sophisticated population and one that is not particularly susceptible to publicity extravaganzas. If we had more money, more staff and more time, doubtless means would be enployed to cajole, persuade, press, subborn, intimidate and mesmerise our reluctant citizens into having these tests en masse, but as these requirements are uncommonly short, and as there are other conditions of equal urgency, the present situation is unlikely to be dramatically changed. As it is a service is provided, our staff make every effort to get ladies to avail of it, and in the narrow confines of the City of Worcester there is no need for the beat of tactical drums to convey the message.

Our service in Worcester is a joint venture of the County and City. Since June of this year we have been able to offer examination of the breasts as well as the taking of cervical smears, urine test and pelvic examination.

I am indebted to Dr. Margaret Bartholomew for the following report.

At the beginning of 1967 we were still faced with a formidable waiting list. To cope with the situation Dr. Cox joined us for a temporary period and a Wednesday evening clinic was started, making the weekly clinic sessions up to four. In addition the County started a clinic at Avonside, Evesham, which was covered by Dr. Cox. With these extra clinics the waiting list rapidly dwindled and by the end of June was no longer a problem. In fact, by the time the school summer holidays were under way, applications became scarce and many who had made appointments were unreliable about keeping them.

At the end of September Dr. Cox completed her time with us and there was then insufficient work to keep all the clinics going With her departure, clinics were cut down to two sessions weekly, Tuesday morning and Thursday afternoon. This is the situation at present. The Evesham clinic is now functioning about once a month.

Despite repeated newspaper advertisement and publicity through posters, the City Nurses and Health Visitors, there is still only sufficient demand for us to keep the clinic booked up two to three weeks ahead. There is at present virtually no waiting list.

A new venture towards the end of the year was the outside visiting of premises where women were employed in large numbers, Although time consuming from the doctor's point of view, this produced a resonable response so far as volunteers were concerned. Many of the larger stores, business houses and factories in the City have been approached. Information and application forms were distributed to all female staff with the offer of short tea-break talks on the cytology service.

Two large firms took advantage of informal talks where questions were asked and answered. As a result, sufficient applications were made for it to be practical for the clinic as a unit to move in to the First Aid rooms of these establishments. The employees had thus only a very short time away from duty. In general, the response was better and morale higher amongst the volunteers. A "pick-up" positive smear cemented the success of one of these expeditions.

In the first half of the year Mr. Nicholas, Consultant Surgeon at the Worcester Royal Infirmary, very kindly gave a refresher course in breast examination to Dr. Cox and myself and as a result routine breast examination has been offered as part of the Cytology Service since the beginning of June, with a small but significant number of conditions arising which have required treatment.

Clinic Statistics

1966	2,960 smears.	14 positives	9 being City Cases.
1967	1,068 smears.	8 positives	4 being City Cases.

Besides the positive smear patients we have about thirty women under review who have at some time had abnormal cells in a smear. This figure does not include any of the infective cases who attend for a repeat smear after treatment or those with smears containing "out of phase" endometrical cells.

Policy for 1968 is to continue with clinic sessions twice weekly. When the application list gets low, it seems posisble to transfuse it by a factory visit.

One large firm is at present busy circulating its 500 female staff with leaflet information and application forms. The Personnel Officer has asked for a talk on the factory floor and we anticipate utilising their surgery and taking the service to them in the near future.

When 1969 comes round the service will be three years old. Ideally time for our first volunteers of 1966 to have a repeat smear. This could be offered first to selected women, "pill" patients and those over 35. Along with an anticipated number of new patients and additional factory visits, it would seem that cervical cytology and breast inspection might continue in 1969 very much at the level it has settled down to at the time of writing this report. The boom of 1966 has made the demands of 1967 seem a little disappointing, a state of affairs which is reflected throughout the coutry.

(i) Fluoridation

The action taken by the Council under Circulars 28/62, 12/63 and 15/65 on the introduction of fluoridation of public water supplies, may best be summarised by the words of that anonymous eighteenth century rhymist.

> Great Chatham with his sabre drawn
> Stood waiting for Sir Richard Strachan;
> Sir Richard, longing to be at 'em,
> Stood waiting for the Earl of Chatham.

If we assume that Great Chatham personifies the Health Committee and that in his fellow, Sir Richard Strachan, the antagonists of flouridation, then is is probable that next year there may be a little delicate blood letting.

SECTION 29—Home Help Service

I am indebted to Miss C. J. Pain, Home Help Organiser, for the following report:

"As time passes, it is rewarding to know that the Home Help Service is gradually being recognised in its true light. At one time the home help was undoubtedly looked upon as a person who went into the home mainly to do the cleaning, but now people in general seem to be more aware of the other valuable tasks which the home helps have to be prepared to do for the sick and the elderly. I feel that one reason for the home help finding her work more variable is the fact that quite often the elderly people cannot now rely on the support of their family. Many husbands and wives of the younger generation both go out to work these days and can only find time to run their own homes. In such cases the home help is often the only person who is able to assist them. Also the hospital authorties are always anxious to discharge patients at the earliest possible moment to enable a bed to become available for a more urgent case. The patient, on returning home, often needs a considerable amount of attention. This, of course, entails daily help—including weekends. I must mention how much the Meals on Wheels service is appreciated, especially now that deliveries are being made twice weekly in most parts of the City. On the days that we know that householders are receiving a hot meal it is often possible to divert the home helps to other cases.

During 1967 help was provided to 744 households in the City and the figures below describe the types of cases covered:

People aged 65 years and over ...	612
People under 65 years:	
Chronic sick and tuberculosis ...	60
Mentally disordered	7
Maternity	22
Others	43
Total	744 householders

It will be seen that only one person is represented from each household, but in actual fact many more benefited from the services of the home help as there may have been two or even three other aged or sick people in the house.

1967 was a year when the stresses of the Home Help Service became increasingly obvious as so many of the patients whom we help are now in their 80s, living alone and often with no friends and relatives. In many instances the home help has to attend daily or else arrangements are made with the district nurses and other services to share in the visiting so that on no day are the patients unattended. I sometimes feel that more emphasis should be placed on the fact that were it not for this home care of the very old people a great number of them would have to be admitted to institutions. Since these seem to be full already, the home helps appear to be the thin green line between an unenviable present and impossible future.

CARE OF THE AGED

Health Departments like some religions are very accommodating. Last year I reported on the demise of our social work section devoted to the care of old people, but it is now in the process of restitution in different guise. Durng the year we took Mrs. P. Lister, an experienced district nurse, from the Tything Home Nursing establishment and appointed her as geriatric district nurse whose sole duties were to visit and help old people and to maintian the priority register of those in need of immediate or future help. Within a relatively short while she was reinforced by Miss Elizabeth Barling, who on a part-time basis, took over the post of social worker shared jointly between the Health Department and the Hospital Medical Social Workers.

At the end of the year the Health Committee agreed to designate one of the health visitor's posts as geriatric health visitor, so that when this post is filled the health visitor concerned will be employed entirely on this form of specialised visiting and will not be seconded to work in a general practice.

Mrs. Lister took over this work in August, 1967, and since that time 1,573 visits to patients on the priority register have been made, and 131 new patients referred by various agencies.

SCREENING CLINIC

Many screening clinics have now been started throughout the country and a great deal of attention has been given to determine how effective they are in improving the general health of the population. The Health Committee has always shown great interest in this aspect of preventive work and at the end of the year agreed that monies could be placed in estimates for a venture of this type.

Screening will be initially confined to those of retirement age with a view to keeping them fit and mobile for as long as possible. We hope to start a clinic in the latter half of 1968 and those attending would have special tests of vision, hearing, nutrition, blood and urine, and examination of feet, with a short social investigation and a general clinical examination. The local authority would provide premises and ancillary staff, but the main clinical examination would be carried out by a general practitioner working on a sessional basis for the authority. The patients examined would not necessarily come from his practice alone.

These proposals have received the approval of the general practitioners and others concerned, but perhaps our main difficulty in implementing them next year will be in persuading one of my already over-worked colleagues to undertake this additional chore.

MENTAL HEALTH SERVICES

The most epical event of the year was the retirement of Mr. W. H. Horne, Senior Mental Welfare Officer, and Mr. J. E. Everett, Mental Welfare Officer, the latter receiving the Corporation's Long Service Award. For many years they had undertaken the major part of the community care of mentally ill patients in the City and had always shown themselves to be sympathetic to the needs of the public. They established excellent relations with the doctors of the town and the staff of the neighbouring mental hospitals, and were always ready to answer a call for help at any time of the day and night. Indeed, few people can have any real understanding of the onerous nature of their work, demanding on one hand the emotional strain of adviser, persuading and encouraging a distraught patient, and on the other the physical inconvenience of night calls and considerable responsibility.

Mr. P. Y. Griffith has now joined us as Senior Mental Welfare Officer, having previously worked in the Worcestershire County Mental Health Service. Mr. D. McGilvray has replaced Mr. Everett, while Miss P. F. Rogers, having taken her Certificate in Social Work, rejoined us as a Mental Welfare Officer. We thus have a new team but a young one at that, and hope that they will not age too quickly among the stresses and intricacies of the psychiactric scene.

Next year the adult training centre should be completed. Our present premises, although satisfactory enough in the past, have now become overcrowded and the move will be welcomed by both staff and trainees. The new premises will cater for the need both of City and the surrounding area of the County and it will be a great pleasure to us all to see the work continuing in comfortable, well equipped buildings.

In last year's report I referred to the possible use to which the vacated buildings could be put and these suggestions seem to be the most feasible, providing that the small amounts of money required are forthcoming.

I am grateful to Mr. P. Y. Griffith for the following report.

Admissions to Powick Hospital during the year ended 31st December, 1967.

	Male	Female	Total
Informal Admissions	150	210	360
Compulsory Admissions	15	30	45
Total Admissions	165	240	405

11% of Total admiss

Mentally Subnormal Patients

	Male	Female	Total
In Hospitals	57	34	91
Receiving Supervision	61	56	117
Admitted to Hospitals	4	3	7
Deaths	1	1	2
Attending Lower Wick Junior Training Centre	10	11	21

As will be seen from a comparison with last year's statistics, there has been a slight increase in the number of people admitted to Powick Hospital which may be attributable to population increase. There has, however, been an encouraging decrease in the number of compulsory admissions which may be due to the fact that patients are being referred to their general practitioners before they have deteriorated sufficiently to warrant compulsory admission.

There are no significant changes in the statistics relating to mentally subnormal patients.

Community Care of the Mentally Ill

"There they stand, isolated, majestic, imperious, brooded over by the gigantic water-tower and chimney combined rising unmistakeable and daunting out of the countryside—the asylums which our forefathers built with such immense solidity to express the notions of their day". Today our notions are somewhat different and in the 1959 Mental Health Act we saw official encouragement of this change. Mr. Derek Walker-Smith (then Minister of Health) stated that one of the main prinicipals of the 1959 Act was that the emphasis in the care of the mentally ill should be shifted so far as possible from institutional care to care within the community. Clearly community care of the mentally ill is a logical step forward, but another factor is involved—fear. Our forefathers built their mental hospitals far away from civilisation because at that time they believed that the function of psychiatry was to exclude the patient from the community by lock and key.They were afraid of mental illness and preferred to have it locked away. This fear of mental illness springs largely from a fear of becoming mentally ill oneself—fear of losing one's rational judgement and independence. If one is afraid of something best laugh about it, hence the jokes about "lunatics" and "nut houses".

Sinilarly, community care is all too easy an opportunity to forget about mental illness and pretend it does not exist. Many of the patients discharged from mental hospitals are completely recovered but many are not. Unlike pneumonia and other physical illnesses, there are lasting personality changes in some forms of mental illness which produce anxiety in patients, relatives, friends and neighbours and which may eventually lead to the stigma that we associate with mental illness. Community care is never necessarily a fact—it is a challenge to all of us. Its ultimate realisation is awaited.

Staff Changes

1967 saw a complete change of staff in the Mental Welfare Section with both Mr. W. Horne and Mr. J. Everett leaving after many years service.

In October, Miss P. F. Rogers returned to work as a Mental Welfare Officer having spent two years' secondment in Birmingham College of Commerce where she successfully completed her course and was awarded the National Certificate in Social Work. Since returning Miss Rogers has been appointed Honorary Secretary to the Worcester Society for Mentally Handicapped Children and we hope this new liaison may lead to even closer co-operation.

Mr. D. H. McGilvray joined the Mental Welfare Section in October from Powick Hospital, where he had been working as a Charge Nurse. Mr. McGilvray qualified as a Registered Mental Nurse in 1965 and hopes to be seconded shortly for the National Certificate in Social Work.

Mr. P. Y. Griffith joined the Section in November this year having worked previously as a Mental Welfare Officer for Worcestershire County Council. Mr. Griffith obtained the National Certificate in Social Work in 1965.

Worcester Society for Mental Welfare

The help and support given to our Mental Health Services by the members of this Society is of very real importance. The standard of co-operation which they afford to us is almost unique and we know that we can rely on them for help in any difficulty, financial or otherwise. Apart from assistance in money and goods, their members have also undertaken a considerable amount of home visiting of some of our most intractable cases who have found a constant friendship and sympathy which they would otherwise be denied. It is a very real test of voluntary spirit and camaraderie to maintain a continuing service of this nature, particularly when the only reward is the often confused reliance of their clients and the grateful appreciation of their full time colleagues.

Mrs. Mary Lloyd, Honorary Secretary, reports:

The work of the Society has expanded during the year and the number of cases dealt with has increased considerably.

Financial assistance was given as follows:

Perryfields residents	3 cases
Perryfield Rehabilitation Unit ...	3 families
Perryfields Adult Training Centre ...	1 case
City Cases	20 (several on more than one occasion).

Visits continue to be paid regularly to the families and good second-hand clothing, bed linen, furniture, etc. have been supplied in many cases. As in other years, birthday cards have been sent by a member of the Committee to all trainees at the Perryfields Centre.

The fund raising efforts proved very successful and the Society was able to provide 96 Christmas gifts for the Perryfields units and families on the district. Once again Perryfields residents were able to enjoy an annual outing and on two occasions holiday pocket money was supplied in this Department. In addition, the annual grant to Perryfields Hostel was renewed.

The Society anticipates a very busy programme during the forthcoming year.

Perryfields

I am indebted to Mr. W. Baylay, Manager/Superintendent of Perryfields, for the following reports.

Adult Training Centre

The number of trainees rose to 52 during the year and the present adapted centre became overcrowded, so much so that in September is was decided to suspend intake of future trainees until the new purpose built centre was ready in February of next year.

Industrial Projects: Industrial contacts have increased with the number of trainees. More fences, seed boxes, etc. have been made, working groups in the City increased, including repetitive assembly work.

Homecraft Section: This Section has proved a success. The section comprised of preparing and cooking meals, laundry and cleaning, bed-making and general housework. The girls are showing more confidence, self-assurance and "know how". It is hoped that expansion to a "self service cafeteria" will be included, and certain boys be taught simple cooking, etc.

Recreation: Three-quarters of an hour each day is devoted to team games, several film shows were arranged and an outing to Drayton Manor Park was very successful. The Social Club functions smoothly each week. Groups visited several places of interest in the City. Police Station, Fire Station, Cathedral, etc. were on the list and I would like to take this opportunity of thanking the Authorities for their co-operation.

Christmas Party: This was held on the 21st December, the artists giving their services freely—Beryl Davies and her Company. There was a film show followed by the giving of presents, etc. by Father Christmas, and everyone ended the year feeling satisfied.

Further Education: Two afternoons each week are devoted to this subject and there are two classes in each session. The Director of Education has very kindly provided us with a teacher and her classes are greatly enjoyed by the trainees attending.

Hostel

At the end of the year there were eight residents at the Hostel and during the course of the year eight persons were admitted of whom five remain. Two of the new admissions had to be returned to hospital because of unresolved behaviour problems, and one man made satisfactory progress, subsequently transferring to lodgings in the City.

Family Rehabilitation Unit

Although there is a waiting list for admission to this Unit we were only able to discharge one family during the year. They made very satisfactory progress in this time and were able to transfer to Council accommodation.

Worcester Society for Mentally Handicapped Children

The work of this Society is known and appreciated by all with an interest in handicapped children to whose care and development they show a very real devotion. I am happy to present the report of Mrs. Thelma Higley, Honorary Secretary.

"Worcester Sociey for Mentally Handicapped Children has had another very successful year. During the year it has welcomed several new members. In an attempt to bring together members of neighbouring Societies, a Fork Supper was organised early in the year at the Guildhall, when Worcester Society entertained members of the Malvern and newly formed Evesham Society. This provided a very successful social evening which was attended by the Mayor of Worcester, Alderman John Whitt, and the Worcester Society President, Mrs. Rose Walker.

The society was again able to help the following causes financially:

	£	s.	d.
Lord Mayor of Birmingham's Appeal for a teacher Training College ...	100	0	0
Worcester Society for Mental Welfare	25	0	0
Perryfields Adult Training Centre ...	30	0	0
Research	25	0	0
Lea Hospital and Lea Castle Hospital ...	20	0	0
National Society for Mentally Handicapped Children Regional Office Funds	25	0	0

In conjunction with the Malvern Society, Worcester also helped to provide a "teaching to read" machine for the Lower Wick Training Centre which Mrs. Evans, Superintendent of the Centre, has found very valuable indeed.

Once again the Society was able to help a family in a very real way when the mother of a handicapped boy was finding the strain intolerable, by sending both the mother and child to one of the National Society Holiday Homes for two weeks. The Society regard this side of their work as one of their most important functions. It gets right to the heart of the trouble which can arise in a family, when there is a mentally handicapped child in its midst.

During the coming year we hope to welcome even more members and we are doing all in our power to make our existence known to anyone interested in the welfare of these unfortunate children and their families. It is still an antonishing fact that even today many people have never heard of us, and this includes families who have struggled with a mentally handicapped child for many years.

Our funds were again raised by donations and the Annual Autumn Fayre and our thanks are due to all those who supported us in any way.

Mental Health Week

Mental Health Week took place from the 4th to 10th June. Dr. G. Simon, Physician Superintendent of Lea Hospital, and Dr. Peter Hall, Consultant Psychiatrist, Powick Hospital, very kindly came to Worcester on the 6th June and spoke to a well attended meeting on "The Problems of Adolescence". Their discourses arose considerable interest and the subsequent period of discussion was prolonged and invigorating.

Cases of infectious Diseases notified during the year 1967, classified in age groups

Notifiable Disease	Under 1 year		Over 1 and under 2		Over 2 and under 3		Over 3 and under 4		Over 4 and under 5		5 years—9 years		10 years—14 years		15 years—24 years		25 years—44 years		45 years—64 years		65 years and over		Age Unknown		Totals		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Scarlet Fever	—	—	—	—	2	3	1	3	2	5	24	27	3	3	—	1	—	—	—	—	—	—	—	—	32	42	74
Whooping Cough	—	2	—	1	2	1	—	1	2	—	8	4	—	1	1	1	—	—	—	—	—	—	—	—	13	11	24
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	13	19	52	55	72	63	89	60	66	70	170	149	18	16	5	8	3	4	—	—	—	—	—	—	488	444	932
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	1	—	1	1	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	3	3	6
Meningococcal Infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia (Primary or Influenzal)	—	1	1	—	—	1	1	1	1	1	6	1	—	1	1	1	5	—	1	1	2	3	—	—	18	11	29
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (infective)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (post infectious)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fevers ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—	2
Food Poisoning	—	—	—	—	—	1	—	—	—	—	—	—	1	—	4	1	2	—	1	2	—	—	—	—	8	4	12
Tuberculosis (Respiratory) ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	3	4	6	—	1	—	—	—	11	5	16
Tuberculosis (Non-Respiratory)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—	—	—	—	—	—	2	2	4
Ophthalmia Neonatorum ..	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	5
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	2
Infective Hepatitis	—	—	—	—	—	—	1	—	1	—	1	—	1	2	—	2	—	1	1	1	—	—	—	—	5	6	11
Totals ..	15	25	53	57	76	70	93	65	72	77	209	181	24	23	14	17	14	11	12	4	3	3	—	—	585	533	1118

INFECTIOUS DISEASE

I should like to record my appreciation of the unfailing co-operation given to this Department by Dr. R. J. Henderson, Director of the Worcester Public Health Laboratory, and his staff.

Diphtheria: For the sixteenth successive year there has been no case of diphtheria in the City.

Scarlet Fever: There were 74 cases of scarlet fever, only two of which showed what might be termed pre-war severity.

Whooping Cough: 24 cases were reported, none of which had complications.

Measles: Although this is not a measles year 933 cases of measles were reported. It is now becoming increasingly difficult to distinguish in Worcester which is a measles year and which is not.

Dysentery: 6 cases of dysentery were notified.

Typhoid: One case occurred in a boy of 13 years who was admitted to hospital with an abdominal complaint which was diagnosed five days later as typhoid. The Phage type of the virus was E1. The number of contacts was very large as apart from numerous relatives, friends and neighbours there were also those arising from his stay in hospital prior to the diagnosis being made. All contacts were placed under surveillance, hospital staff were given an antibiotic screen, premises were disinfected, and contacts of food handlers were excluded from work.

Our investigations were primarily directed to finding the carrier of the disease and also the vehicle by which the patent was infected. In the search for the carrier all close contacts were investigated bacteriologically, particularly those who had been abroad, had recent illness, or had one in the past that could be typhoid. Three relatives had just returned from Spain, one had lived in Jamaica, a neighbour had been to Italy and seven close contacts had recent illness. All proved negative to bacteriological tests.

All food premises used by the boy and his family were visited to see if any of the staff had a related illness or had been away from work for a significant period, or abroad. Fourteen premises were investigated and a number of staff tested, but all proved negative. Places visited by the boy outside Worcester where he had taken any form of food were notified to the Public Health authorities concerned and enquiries were made to see if he had any contact with previous typhoid cases in this neighbourhood or recent cases reported in other areas. All these investigations proved negative.

With regard to the vehicle of infection, the various agencies which could have transmitted the disease were investigated and proved blameless. Milk, bonemeal, fertiliser used in the garden, a household terrapin, maggots and ground bait used in fishing yielded no positive result.

The patient was an enthusiastic angler and spent most of his spare time fishing the Severn. He admitted to drinking Severn water on one occasion and falling into the river and swallowing water on another. The Severn is a polluted river and at the time some crude sewage was being discharged into it as a result of blockage of the syphon. If the boy had acquired typhoid from the river, the source of contamination could only be a carrier in the City, from one of the local authority areas upstream or from someone living on a river boat. Sewage swabs were placed at the main inlets to the sewage works, at various other strategic sites and outside the premises of all close contacts. These attempts to track down the source of infection by way of sewer swabs continued for some considerable period of time, but without success.

This case involved us all in a tremendous amount of work and it would have been gratifying if this had come to a successful conclusion. Water is the commonest means of transmitting typhoid and the patient was constantly in water known to be polluted. The fact that only a single case occurred makes it unlikely that food was the vehicle or that water from a public source was involved. Since we have been unable to find any evidence of another case in Worcester there is strong presumption that the source of this outbreak must be looked for outside our boundaries, but it is probable that the ingestion of untreated Severn water was the means by which he acquired the disease.

Leptospirosis Canicola:

Leptospirosis is a group of acute infectious diseases which may cause jaundice and kidney damage and occasionally death. There are about 20 different types of Leptospira identified in the United Kingdom, most occurring in small rodents, but the main types are Leptospira icterohaemorrhagiae and Leptospira canicola. The former mainly occurs as the result of contact with water contaminated with rat urine, while the latter as the result of direct contact with an infected dog.

A case of leptospirosis was reported which presented some difficulties initially as the patient kept a dog, was addicted to swimming in the River Severn and in the course of his work had recently spent some time in rat infested premises. A successful foray was made by the rodent operator, who carried back several live rats from that part of the Severn bank from which the patient used to disport himself. These were examined and found to be negative to the disease. The rats from the infested working premises were also investigated and found to be negative.

In the meantime the patient's dog had not been neglected. Samples of blood and urine were obtained by a veterinary surgeon and sent for evaluation at the Leptospirosis Centre in London. It was some time before the results were available and the concensus of opinion was that the dog was infected with Leptospirosis canicola, and it was therefore given a course of treatment with penicillin.

Food Poisoning:

Twelve cases of food poisoning occurred during the year, six of which resulted from holidays abroad. We are told that travel broadens the mind, encourages amity amongst peoples and leads to new and interesting friendships. However, I doubt if our voyagers from Worcester expected that their summer odyssey would lead them to acquaintances so stimulating, pervasive and persistent as Messrs. Salmonella Thompson, Heidelberg, Newington, Braenderup and Typhimurium. Indeed it was quite a time after their return to Worcester before they were able to shake off these continental guests.

Venereal Disease:

Only two new cases of syphilis were reported during the year and there was also a fall in the numbers of gonorrhoea. We are fortunate that venereal disease cannot at the moment be considered a problem in Worcester, but how long this state of affairs will persist is a matter of speculation. Doubtless a special variety of Treponema pallidum admirably suited for dissemination in Cathedral cities is at present in the throes of creation.

First attendances at the special clinic at the Worcester Royal infirmary were as follows:

	1967	1966	1965
Syphilis	2	3	5
Gonorrhoea	20	28	22
Other conditions	111	105	94
Total	133	136	121

Infectious Hepatitis:

Infectious hepatitis was made notifiable in 1967 and results since August of that year show that there were eleven cases notified, five male and six female. Three cases occurred under five years of age, a further three were under 15 years, two in adult life, one in middle age and two in late middle age, the youngest affected was three years.

In 1966 Medical Officers of Health were asked by the Epidemiology Research Laboratory of the Central Public Health Laboratory to take part in a trial to investigate the efficacy of British gamma globulin in preventing infectious hepatitis. The idea was that wherever possible contacts of a case of infectious hepatitis occurring at a school or institution would be divided into two groups by random sampling, one group to be given a dose of British gamma globulin and the other to remain untreated. Trials of this nature were carried out at five of our schools since the inception of the scheme.

OTHER HEALTH DEPARTMENT SERVICES

(a) Housing Reports

The Medical Officer of Health acts as adviser to the Housing Committee and its officers in the allocation of extra medical points to applicants for Council housing. This is a very useful adjunct of my work as it brings me into contact with many ill or troubled persons who may need other forms of help as well as housing. During the year 128 applications of this nature were investigated in addition to numerous requests for a transfer to other accommodation also on medical grounds.

(b) Nursing Homes

There is only one private nursing home within the confines of the City and this was inspected at appropriate intervals.

(c) Examination of Plans

All plans are vetted by the Medical Officer of Health and the Chief Public Health Inspector. This is a very useful chore, though after a prolonged session it is the officers rather than the applicants that are likely to gang aft agly. During 1967, 1,167 plans were scrutinised.

(d) Nurseries and Child Minders Regulation Act, 1948.

Apart from nursery schools and classes there are five daily minders registered in the City approved for a total of 51 children. Regular visits are paid by the Deputy Medical Officer of Health and the Prinicipal Nursing Officer to see that the requisite standards are maintained. During the year the Health Committee requested a report on the day nursery and child minder service having regard to the possible need for a day nursery being provided by the local authority.

At that time I reported to the Committee that the children for whom we had a particular responsibility, viz. where there was no father or where the father was an invalid and where the mother was compelled to go out to work for urgent financial reasons, were successfully cared for by existing child minding facilities. However, the requirements of those who wished their children to be looked after for social reasons or because they wished to augment the finances of the household by the mother going out to work, were more difficult to assess.

To ascertain the size of this latter group an investigation was carried out by means of a questionnaire which was widely publicised in the press. Parents requiring child minding facilities were asked to complete this questionnaire stating the type of help sought and subsequently return it to the Health Department. By this means it was thought that anyone who really needed help in caring for their child would certainly take the trouble to complete the relatively few simple questions asked, but that this minor effort would deter those who had no real interest in the matter. Although advertised in the press and the Public Library and through our clinics, only 31 replies were received and the results of these may be briefly summarised as follows:

(1) 8 mothers required registered child minding facilities, the number of children involved being 11.

(2) The remainder were mainly interested in play groups, some preferred them to placement with a child minder, while a few who were already being looked after in this way wished to avail of full facilities.

Since the time of this survey the position has eased considerably as the number of play groups in Worcester has undergone a considerable increase.

Statistically the position is as follows:

Registered Child Minders ...	5	51 places
Play Groups	7	130 children
Nursery Schools	4	58 places
Priority Cases	31	During 1967

These figures do not include unregistered child minders who are permitted to take one or two children without applying either to the Health Committee or the Town Planning Committee.

(e) NATIONAL ASSISTANCE ACT, 1948, SECTION 47 and NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951.

Compulsory removal to hospital or old persons home was undertaken twice during the year. One case was an old lady who had no place of residence and who was unable to look after herself in any way, while the other lady had reached a stage where full time care and supervision was imperative. For many years she had been cared for by a devoted neighbour who at last realised that she had come to a state of decrepitude which was too much even for her to cope with. She was in fact even then, very close to the end of her days.

(f) MEDICAL EXAMINATIONS

Health Department medical staff examined 342 local authority staff for fitness to take up new appointments, 63 persons for fitness to attend a training college and 7 teachers on first appointment. This work continues to increase.

(g) CREMATIONS

967 medical certificates were scrutinised by the Medical Referee and his Deputy during the year.

(h) INTERNATIONAL CERTIFICATES

1,471 international certificates were scrutinised during the year.

(i) VACCINATION AGAINST ANTHRAX

During the year vaccination against anthrax was given to employees at the Slaughterhouse and at a local Tannery as follows:

	Completed Primary	1 Dose only	2 Doses only	Booster Doses
Slaughterhouse ...	13	1	2	1
Tannery ...	16	—	3	—
Total	29	1	5	1

One gentleman who earned my sincere sympathy during the year was one of those heroes who are not only interested in fungi but actually venture to put their knowledge to the test. After one of his periodic forays into the rather more bucolic hinterland he emerged with a choice assortment of cebs, mushrooms and fungi which he subsequently ate in the form of a ragout. Not long afterwards he was assailed by severe stomach pains, voicing the interesting question, viz. whether these could be explained by the richness of the dish or his partaking of some noxious and probably fatal constituent. Many fungi, aminita phalloides in particular, are not only deadly poisonous but act with remarkable celerity. When the gentleman concerned rang me, which he did in a most charmingly hesitant manner, there was little that one could do except offer reassurance based on the certain knowledge that within a short while he would either be alive or dead. I have reason to believe that he is still living.

CIRCULAR 1/68

In Circular 1/68 the Minister asks for information on the co-ordination and co-operation of the Health Department services with the hospital and family doctor services, including attachment or liaison schemes between the Health Department's domiciliary staff and the family doctors. I would answer this by saying that there has been little change since information on this subject was provided last year. All our health visitors have been seconded to general practices of the City and these arrangements seem to be proceeding quite satisfactorily.

During the year three more district nurses were attached to practices so that there are now five practices in the City with district nurses working in this way.

It would be true to say that the general standard of co-operation between the three branches of the National Health Service are exemplary and almost every request which we make to our colleagues is met with sympathy and approval. At the same time I feel that they make constant use of our services and are always willing to let me know where improvements are necessary. Indeed, when one considers the relatively small number of doctors in the City of Worcester, the number of Committees and the amount of planning necessitated by the Health Centre, we spend so much of our time co-ordinating and co-operating that a small free for all with hand grenades and bowie knives would probably have a very salutary and stimulating effect.

ENVIRONMENTAL HYGIENE

Report of Mr. T. W. Marsden, M.R.S.H., M.A.P.H.I., Chief Public Health Inspector.

DRAINAGE AND SEWERAGE

It was hoped that the rebuilding and enlargement of the sewage treatment plant would be complete this year, but it now seems that completion will not be until the latter half of 1968.

There are 84 houses drained to septic tanks or cesspits and 4 houses have pail closets.

In conjunction with the Public Health Laboratory we are conducting a year's survey to ascertain the presence of infectious disease bacilli in sewage. This survey started in the latter half of the year and by the end of the year 162 sewer swabs had been collected and delivered to the Laboratory.

OFFENSIVE TRADES.

At the end of the year the following premises were in operation:

	Old Established	*Annual License*	*Total*
Fellowmongers	1	—	1
Hide and Skin Dealers	—	1	1
Rag and Bone Dealers	—	2	2

RAG FLOCK ACT, 1951

There is one establishment registered under the Rag Flock Act.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963.

Two premises are registered under the above Act and have been inspected.

PET ANIMALS ACT, 1951.

Three premises are registered under the above Act and have been inspected.

Pharmacy And Poisions Act, 1958.

Thirty-one licenses have been issued under the above Act.

Clean Air Act, 1956.

Industrial

1. Dark smoke	Number of contraventions recorded	2
	(a) successful prosecutions	Nil
	(b) unsuccessful prosecutions	Nil
2. Furnaces (section 3)	(a) notifications received	20
	(b) application for prior approval	20
	(c) number of applications granted	20
3. Grit and Dust emissions (section 5)	(a) number of contraventions	Nil
4. Height of chimneys	(a) number of plans submitted showing new chimneys	17
	(b) number of cases in which alterations were required	12
	(c) number approved	17
	(d) number of chimneys erected not complying with the approved plans	1
	(e) number of chimneys erected outside the control of section 10	7
Domestic	Nil	

Offices, Shops and Railway Premises Act, 1963.

Annual report for the year ending 1967 as required by Section 60 (1) of the above Act.

1. Registration and Inspection.

Employers are still unaware of the need to register their premises on occupation, and detailed surveys are still to be carried out in order to ascertain the employers who have failed in their obligation under the Act.

Approximately 90/95% of the registered premises have received their initial inspection.

Since the commencement of the Act, there have been 889 General Inspections, necessitating the service of 424 notices and letters, listing some 2,578 contraventions.

2. OPERATION OF THE GENERAL PROVISIONS OF THE ACT.

SECTION 4 (CLEANLINESS)

A poor standard of cleanliness was still being found in the store-rooms and stock-rooms of shop premises, and also in the smaller office premises.

It has been observed that an increasing number of staff in shop premises have to do their own cleaning.

SECTION 5 (OVERCROWDING).

Only seven cases of overcrowding came to our notice during the year.

The inspection of plans prior to planning approval has helped to raise the standard and size of accommodation, as alterations can normally be incorporated during the building process.

Problems do still arise however, with the employment of part-time staff who occupy offices for a number of hours during the working week.

SECTION 6 (TEMPERATURE).

Some twelve per cent of premises visited this year were found not to comply with this section of the Act.

In a number of instances the wrong type of heating system had been installed with consequent high running cost and lack of efficiency. The employers consequently were loath to provide additional facilities when the prescribed standard was not reached.

SECTION 7 (VENTILATION).

Ventilation problems were still arising from the partitioning off of large rooms in order to form smaller units. Often no thought at all had beeen given to ventilating the "new room" by the circulaton of fresh air.

Fifty-seven cases of lack of, or insufficient ventilation were found.

SECTION 8 (LIGHTING).

Once again lighting in sales areas of shops was found to be more than satisfactory, but the stock-rooms and passageways were found to be in a poor condition.

It was regretted that a legal standard was not introduced, as considerable difficulty was found in persuading employers to increase the standard of illumination without being able to refer to a suitable standard.

SECTION 9 (SANITARY ACCOMMODATION).

Just over one third of the premises visited were found to have toilet facilities below the prescribed standard.

The major difficulity was still the absence of an intervening ventilated space between the toilet compartments and work-rooms.

SECTION 10 (WASHING FACILITIES).

No difficulty arose under this section and only fifty-nine offences were noted during the year.

Exemptions from the provision of a supply of hot running water at two kiosks on a railway forecourt were still in operation.

SECTION 11 (DRINKING WATER).

Only one premises was found to have unsuitable facilities under this section.

SECTION 12 (ACCOMMODATION FOR CLOTHING).

Nearly ten per cent of the premises inspected were deficient in suitable clothing accommodation. The major inadequacy was the lack of drying facilities.

SECTIONS 13 AND 14 (SEATING FACILITIES).

On only three occasions were unsuitable seating facilities found.

These ranged from a radiator, sacks of foodstuffs to a disused W.C. pedestal.

SECTION 16 (FLOORS, PASSAGES AND STAIRS).

Approximately forty-two per cent of the premises visited had faults associated with defective floorboards, floor coverings, or absence of handrails on staircases.

Almost half of the reported accidents to this Authority concerned falls of some description or other.

SECTIONS 17, 18 AND 19 (DANGEROUS MACHINERY ETC).

Sixteen instances of inadequately guarded machinery came to our notice during the year.

It was disappointing to find employees reluctant to adjust themselves to machines which had been fitted with new guards, and often they were unable to appreciate the added safety of the machine.

SECTION 24 (FIRST AID).

No first aid box or lack of the prescribed contents were found in sixteen per cent of the premises inspected.

SECTION 49 (REGISTRATION OF PREMISES).

Five cases of non-registration occurred during the year after requests to do so.

It is regretted that an employer can only be requested and not ordered to register his premises after the expiration of twelve months from the date of occupation, as in some instances three or four requests for registration have to be made, which can be very time consuming.

SECTION 50 (INFORMATION FOR EMPLOYEES).

An Abstract of the Act was not exhibited in sixty-eight of the premises visited.

APPENDIX "A"

Infringement of the Act and Regulations made thereunder

Number of Notices served— 143

Number of Defects found— 930

	No. of Defects	*% of whole*	*% of Premises Visited*
SECTION 4 (CLEANLINESS) ...	165	17·7	47·5
SECTION 5 (OVERCROWDING)	7	0·8	2·1
SECTION 6 (TEMPERATURE) ...	43	4·6	12·4
SECTION 7 (VENTILATION) ...	57	6·1	16·4
SECTION 8 (LIGHTING) ...	151	16·3	43·5
SECTION 9 (SANITARY ACCOMMODATION)	122	13·1	35·2
SECTION 10 (WASHING (FACILITIES)	59	6·4	17·0
SECTION 11 (DRINKING WATER)	1	0·1	0·3
SECTION 12 (CLOTHING ACCOMMODATION)	33	3·5	9·5
SECTION 13 (SITTING FACILITES)	2	0·2	0·6
SECTION 14 (SEATS FOR SEDENTARY WORKERS)	1	0·1	0·3
SECTION 16 (FLOORS, PASSAGES, STAIRS)	146	15·8	42·1
SECTION 17 (MACHINERY) ...	16	1·7	4·6
SECTION 24 (FIRST AID) ...	54	5·8	15·6
SECTION 49 (REGISTRATION)	5	0·6	1·4
SECTION 50 (INFORMATION FOR EMPLOYEES)	68	7·2	19·6

APPENDIX "B"

ACCIDENTS

Number of Accidents notified	54
Number of Accidents investigated ...	30

(24 Accidents were not investigated due either to late notification or to being of a trivial nature).

Persons sustaining Injury

Man ...	24	(44·4%)
Woman ...	24	(44·4%)
Boy (under 18) ...	4	(7·5%)
Girl (under 18) ...	2	(3·7%)

Place of Accident

Office ...	4	(7·5%)
Shop ...	16	(30·0%)
Warehouse ...	25	(46·0%)
Catering Estabs.	5	(9·0%)
Canteen ...	4	(7·5%)

Type of Accident

Falls (of all kinds)	24	(44·4%)
Striking against an object or being struck by an object	17	(31·4%)
Machinery and Transport	3	(5·6%)
Use of Hand Tools	3	(5·6%)
Fire and Explosion	1	(1·9%)
Miscellaneous	6	(11·1%)

Nature of Injury

Fractured Limbs	16	(29·6%)
Sprains and Strains	9	(16·7%)
Open Wounds	9	(16·7%)
Bruising, Crushing and Concussion	19	(35·1%)
Miscellaneous	1	(1·9%)

Site of Injury

Head	6	(11·1%)
Back	6	(11·1%)
Upper Limbs	16	(29·6%)
Lower Limbs	21	(38·9%)
Multiple	5	(9·3%)

FACTORIES ACT, 1961.

1. Inspections for the purpose of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	14	8	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	323	36	12	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	22	28	1	—
Total ..	359	72	13	—

2. Cases in which Defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness	2	2	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	2	2	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences :					
(a) insufficient	1	1	—	—	—
(b) unsuitable or defective	10	10	—	2	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act not including offences relating to Outwork	—	—	—	—	—
Total	15	15	—	2	—

3. Outwork (Sections 133 and 134).

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list	Cases of default in sending lists	Prosecutions for failure to supply list	Instances of work in unwholesome premises	Notices served	Prosecutions
Making etc., of apparel ...	549	—	—	—	—	—
Furniture and upholstery ...	11	—	—	—	—	—
Nails, Rivets and Staples ...	—	—	—	—	—	—
Carding, etc., of buttons, etc.	—	—	—	—	—	—
Total ...	560	—	—	—	—	—

SUMMARY OF ROUTINE WORK OF THE PUBLIC HEALTH INSPECTORS

Nature of Visits, Inspections, etc.		Number of Visits, etc.
Accumulations		115
Animals		39
Ashbins		5
Bakehouses		22
Canal Boats		1
Cesspits		Nil
Clean Air Act		12
Closets:	Water	4
	Pail	Nil
Dairies		34
Dangerous Structures		16
Ditches and Water Courses		19
Drains:	Inspections	567
	Smoke Tests	30
	Colour Tests	90
Entertainment Houses		Nil
Exhumations		2
Factories:	Power	36
	Non-power	8
	Other	28
Food:	Manufacturing Premises	25
	Examination	303
	Shops and Warehouses	401
	Vehicles	41
Hotel and Restaurant Kitchens		170
Houses:	Let-in-lodgings	297
	Overcrowding	16
	Vermin	72
	Section 17	252
	Section 42	276
	Public Health Act	1,776
Hairdressers		8
Ice Cream:	Shops	25
	Manufacturers	3
Infectious Disease Visits		495
Lectures		11

Nature of Visits, Inspections, etc., (Cont'd)	Number of Visits etc.
Licensed Premises	109
Markets	60
Merchandise Marks Act	2
Miscellaneous Nuisances	75
Noise	88
Offensive Trades	4
Offices, Shops and Railway Premises Act:	
Inspections	1,118
Accidents Investigated	30
Outworkers	Nil
Pet Animals Act	3
Rent Act	Nil
Rodent Control	97
Sampling: Bacteriological: Milk	206
Cream	17
Ice Cream	25
Food Swabs	12
Chemical: Milk	188
Cream	17
Ice Cream	Nil
Food and Drugs	104
Food (Complaints)	11
Fertiliser and Feeding Stuffs	21
Formal Samples	2
Water: Tap, Swimming Baths, Etc.	46
Schools	20
Septic Tanks	27
Sewers	50
Shops Act	1
Slaughterhouse: Public	167
Smoke: Inspections	91
Observations	39
Special Visits	634
Tips	13
Van Dwellings	51
Water Supply	105
Wells	1

NUMBER OF NOTICES SERVED AND SUMMARY OF WORK CARRIED OUT DURING THE YEAR.

Number of Preliminary Notices served		67
Number of Verbal Notices		148
Numbers of Notice Letters	Re: Noise	5
	Re: Houses in Multiple Occupation	25
	Re: Housing Defects	65
	Re: Food Hygiene	115
	Re: Factories	13
	Re: Miscellaneous Nuisances	62
	Re: Offices, Shops and Railway Premises Act	79
	Re: Clean Air Act	44
	Re: Prevention of Damage by Pests Act	24
Number of Notices (Statutory) served:		
Public Health Act, 1936,	Section 39	9
	Section 45	1
	Section 56	1
	Section 75	1
	Section 93	18
Public Health Act, 1961,	Section 15	2
	Section 26	1
Housing Act 1957, Section 90		1
Prevention of Damage by Pests Act		2
Offices, Shops and Railway Premises Act, 1963		103
Number of Complaints received and investigated		665
Number of Notices sent regarding infectious diseases		61
Keeping of Animals		1
Accumulations		18
Vermin		1
Rats and Mice		21
Dustbins		Nil
Drains Cleared		54
Drains Repaired		38
Water Closets		25
W.C. Buildings		5
Pails and Conveniences		Nil
Cesspools		Nil

Septic Tanks		2
Water Supply		10
Paving		5
Roofs		56
Spoutings		42
Chimneys		9
Dampness		25
Sinks		8
Windows		46
Floors		24
Walls, External		14
Walls, Internal		24
Ceilings		14
Staircases		2
Doors		9
Fireplaces		7
Offensive Trades		Nil
Clean Air		8
Noise Nuisance		8
Overcrowding		2
Factories:	Cleanliness	4
	Temperature	Nil
	Ventilation	6
	Lighting	Nil
	Sanitary Accommodation	8
	Welfare Regulations	Nil
Shops and Offices:	Overcrowding	7
	Heating	15
	Lighting	96
	Ventilation	59
	Accommodation for Clothing	32
	Seating	3
	Cleanliness	108
	Washing Accommodation	55
	Sanitary Accommodation	42
	Drinking Water	Nil
	Eating Facilities	Nil
	No Abstract provided	69
	Stairs and Floors etc.	254
	Fencing	17
	First Aid	52

Food Hygiene Regulations:	Wash-hand basins ...	7
	Sinks	2
	Internal Structural Repairs	33
	Cleansing	19
	First Aid Equipment	Nil
	Hot and Cold Water ...	4
	Equipment	6
	Personal Hygiene ...	4
	Clothing Accommodation	1

RODENT CONTROL.

The following table summarises the work carried out by the staff of one Rodent Officer and one Rodent Operative.

Number of Complaints received	332
Number of Inspections caried out	569
Number of Treatments carried out	447

Types of Properties Treated:

Number of Treatments (Local Authorities properties)	62
Number of Treatments (Dwelling Houses)	227
Number of Treatments (Business Premises)	43
Number of re-visits during treatments	1,425
Number of Smoke and Drain Tests	11
Number of Inspections made with no Treatments ...	61
Number of Treatments to River, Canal and Brook Banks	102

These figures include visits to hospitals, clinics, school meal kitchens, schools, tipping ground, public slaughterhouse and sewage disposal works, treatments being carried out where and when necessary.

1,000 sewer manholes were treated by outside contract during the year in the areas where rats were most prevalent.

Approximately 5,024 rats were exterminated according to the figure formula of the Ministry of Agriculture, Fisheries and Food Poisons Estimates.

MILK

Bacteriological examinations

Type of Milk	*Test*	*Satsfactory*	*Unsatisfactory*	*Void*	*Total*
Pasteurised Milk	Methylene Blue	102	4	5	111
Pasteurised Milk	Phosphatase	111	—	—	111
Sterilised	Turbidity	46	—	—	46
Milk (Untreated)	Biological	8	—	—	8

Chemical Examinations

Raw Milk, informal samples taken	180
Found deficient in fat	30
Found deficient in solids non-fat	14
Channel Island Milk, informal samples taken	Nil
Found deficient in fat	Nil
Cream, informal samples taken	15
Found deficient in fat	Nil

Of these samples those found to be deficient in fat were found to be genuine on bulking the consignment. Those deficient in solids were genuine when submitted to the freezing test.

Formal Samples	2

OTHER BACTERIOLOGICAL EXAMINATIONS

Ice Cream

Twenty-five samples were taken with the following results:

Grade 1	10
Grade 2	6
Grade 3	6
Grade 4	3

The unsatisfactory samples were mostly from soft ice cream vendors and as a result of supervision and advice more satisfactory results were obtained.

Bacteriological Examinations made as a result of investigation or complaint.

Drinking Chocolate	1
Coffee	1
Soup	2
Beef	1
Crab Meat	1
Cream Cake	3
Dessicated Coconut	1
Ground Bait	3
Irish Stew	1
Liquid Egg	8
Orange Drink	1
Rabbit	1
Sausage Meat	2
Sweets	1
Synthetic Cream	2
Tuna Fish	1
Veal	1

OTHER CHEMICAL EXAMINATIONS

Beans	1
Beef Paste	4
Beetroot	1
Black Pudding	1
Butter	4
Chocolate Spread	2
Chopped Ham	2
Carrots	2
Cheese	3
Coffee	1
Corned Beef	1
Dripping	1
Flour	1
Fish Fingers	1
Fruit Drinks	9
Honey	1
Jelly	1
Lard	1
Margarine	1
Milk Drink	2
Mincemeat	1
Peas	1
Pepper	1
Pork Pie	1
Rissoles	1
Rose Hip Syrup	1
Salad Cream	1
Salami	1

Salmon Spread	1
Sausage (Pork)	7
Sausage (Beef)	7
Self Raising Flour	1
Sponge Roll	4
Steak	1
Steak and Kidney Pie	1
Strawberry Jam	1
Tea	2
Tomatoes	1
Treacle	2
Vinegar	1
Vitamin Drinks	4
White Pudding	1
Yogurt	2
Asprin Tablets	2
Methyl Salicitate	1
Milk of Magnesia	1
Iron Tonic Tablets	1
Yeast Tablets	1

Examinations made as a result of complaints:

Bacon	1
Crisps	1
Corned Beef	1
Gelatine (Edible)	3
Gravy Mix	1
Irish Stew	1
Marking Ink (Edible)	1
Sausage Roll	1
Sugar	1

Pesticides in Food Survey:

Salami	1
Potatoes	1
Ale	1

FOOD PREMISES—FOOD HYGIENE (GENERAL) REGULATIONS, 1960.

Main Trade Class	Number of premises	Number complying with Reg. 16	Number to which Reg. 19 applies	Number of premises complying with Reg. 19
Bakers	7	7	7	7
Butchers ...	53	53	53	53
Cafés, Restaurant Snack Bars	54	54	54	54
Confectioners Flour	14	14	14	14
Confectioners (Sweets)	62	62	30	32
Fish and Chips	24	24	24	24
Fishmongers ...	16	16	16	16
Greengrocers ...	51	51	51	51
Grocers ...	172	172	172	172
Public Houses	127	127	127	127
Off Licences ...	47	47	47	47
Social Clubs ...	55	55	55	55
Supermarkets ...	12	12	12	12
Warehouses ...	18	18	18	18
Works Canteens and School Kitchens	50	50	50	50

FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES) REGULATIONS, 1966.

These regulations became operative on the 1st January, 1967.

Prior consultations with the larger fleet operators ensured that their vehicles complied with the regulations on the operative day. We are not so fortunate with the mobile shops in private ownership, the main difficulty being that of locating them. Difficulty was also experienced in respect of vans operated by franchisemen.

At the end of the year we had 93 vehicles garaged in the City and 11 garaged outside the City but operating within.

FERTILISERS AND FEEDING STUFFS ACT.

Fourteen informal samples of fertilisers and seven informal samples of feeding stuffs were taken during the year. All were found to be satisfactory within the allowed limits of variation.

FOODSTUFFS (OTHER THAN BUTCHER'S MEAT AT SLAUGHTERHOUSES) CONDEMED DURING THE YEAR

Tinned Foods (8,856 tins)	20,290 lbs.
Fish	636 lbs.
Meat	1,554 lbs.
Miscellaneous Foods (Cereals, etc.)	5,075 lbs.

Total: 12 tons, 6 cwts, 3 lbs.

MEAT INSPECTION.

Weight of Meat and Offals condemned at Public Slaughterhouse	32,800 lbs.

Total: 14 tons, 12 cwts, 3 qtrs, 12 lbs.

PROSECUTIONS

(1)	Sale of Mouldy Cheese	Fined £25
(2)	Sale of Cheese infested with Maggots ...	Fined £30
(3)	Sale of Mouldy Sausage Rolls	Fined £25
(4)	Sale of Mouldy Cream Sandwich Cake ...	Fined £50
(5)	Sale of Mouldy Steak and Kidney Pie ...	Fined £20
(6)	Defects in House in Multi-occupation ...	Fined £20
(7)	Sale of Orange Drink deficient in guaranteed Vitimin C	Fined £30
(8)	Failure to comply with abatement notice ...	Fined £5

In addition the Health Committee gave instructions to issue 15 warnings to traders for offences in conjunction with the sale of food against the Food Hygiene Regulations.

LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.

There are no egg pasteurisation plants in the district, 8 samples of liquid were taken during the Year.

POULTRY INSPECTION.

There are no poultry processing premises in the district.

Public Slaughterhouse

Carcases and Offal Inspected and Condemned in whole or in part

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3,530	546	305	34,105	10,970
Number inspected	3,530	546	305	34,105	10,970
All diseases execpt Tuberculosis and Cysticerci					
Whole carcases condemned	1	19	12	53	40
Carcases of which some part or organ was condemned	657	191	10	1,664	796
Percentage of the number inspected affected with disease other than tuberculosis	18·35	38·46	7·21	5·03	7·62
Tuberculosis only					
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	60
Percentage of the number inspected affected with tuberculosis	—	—	—	—	0·547
Cysticerosis					
Carcases of which some part or organ was condemned	11	1	—	—	—
Carcases submitted to treatment by refrigeration	11	1	—	—	—
Generalised and totally condemned ...	—	—	—	—	—

HOUSING.

(1) Common Lodging Houses.

There are no registered common lodging houses in the City, and whilst the Reception Centre which the Welfare Department maintain in conjunction with the Minstry of Social Security fulfills a very useful purpose in providing limited shelter for itinerants, there is still a need for a common lodging house.

So?

(2) Houses in Multiple Occupation.

There are now 84 houses in multiple occupation which are in the main well kept. So far they have not presented a serious problem.

(3) Compulsory Improvement of Dwellings.

Two representations under Section 19, Housing Act, 1964, were received from tenants. The Health Committee agreed to serve notices in both cases, but one was withdrawn when the tenant purchased the house.

(4) Slum Clearance.

The rate of clearance of unfit houses was maintained and the completion of the programme by December, 1970, seems to be within our grasp.

During the year 10 clearances areas were dealt with viz:

Mill Street	22 unfit houses
Lowesmoor No. 1	9 unfit houses
Lowesmoor No. 2	18 unfit houses
Lowesmoor No. 3	2 unfit houses
School Road	21 unfit houses
Blockhouse No. 12	18 unfit houses
Blockhouse No. 13	14 unfit houses
Blockhouse No. 14	86 unfit houses
Blockhouse No. 15	2 unfit houses
Blockhouse No. 16	2 unfit houses

In addition to Areas there were 53 individual unfit houses represented.

The progress in Slum Clearance to the end of 1967 was as follows:

Unfit houses represented to Health Committee ...	1,952
Tenants rehoused	1,443
Sub-tenants rehoused	122
Tenants and sub-tenants who found own accommodation	220
Houses vacant when represented	93
Houses demolished under Housing Act orders ...	1,480
Unfit houses demolished privately by owners ...	46
Houses closed on Closing Orders	108
Houses made fit and removed from programme ...	72

During the year 106 houses were demolished under the Housing Act, 8 unfit houses were demolished privately by owners, 15 fit houses were converted to other uses, 28 fit houses were demolished to facilitate redevelopment of the sites, 12 houses were converted into flats providing a further 17 units of dwelling accommodation.

(5) Re-housing.

This was a year between house buliding contracts and the City Council completed only 5 new houses during the year. Nevertheless, 63 families from unfit houses were rehoused.

Also during the year 516 privately built houses were completed.

RENT ACT, 1957.

There was no applications for certificates during the year.

HOUSING SATISTICS

1. Inspection of Dwelling-houses during the year:

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,031
(b) Number of inspections made for the purpose ...	2,601
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under Housing Consolidated Regulations, 1925, 1932	89
(b) Number of inspections made for the purpose ...	212
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	89
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for habitation ...	42

2. Remedy of defects during the year without service of formal notices:

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	26

3. Action under Statutory Powers during the year:

(a) Proceedings under Section 9, Housing Act, 1957:

(1) Number of dwelling-houses in respect of which notices were served requiring repair	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices ...	
(a) By owners	Nil
(b) By Local Authority in default of owners	Nil

(b) Proceedings under Public Health Act, 1936:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	16
(2) Number of dwelling-houses in which defects were remedied after service of formal notices ...	
(a) By owners	16
(b) By Local Authority in default of owner	Nil

(c) Proceedings under Sections 16, 17, 23 and 28 of the Housing Acts, 1957:

(1) Number of dwelling-houses in respect of which Demolition Orders were made ...	41
(2) Number of dwelling-houses in respect of which Closing Orders were made	10
(3) Number of dwelling-houses demolished in pursuance of demolition orders	49
(4) Number of Demolition Orders determined ...	Nil
(5) Number of Closing Orders determined ...	5
(6) Number of dwellings closed on undertaking	1
(7) Number of reconditioning schemes accepted	Nil
(8) Number of demolition orders substituted for Closing Orders	Nil

(d) Proceedings under Section 18, Housing Act, 1957:

1. Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
2. Number of undertakings accepted to close houses for human habitation	1
3. Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil
4. Reconditioning schemes accepted in respect of dwelling-houses	Nil

WATER SUPPLY

The City's domestic water supply is all obtained from the River Severn and treated by settlement, filtration and chlorination.

The average daily consumption for all purposes is 4,220,151 gallons, or 60·1 gallons per head per day. During the year two new service reservoirs were completed: one at Elbury Hill has a capacity of 2·6 million gallons and one at Raibow Hill, 2 million gallons. This brings our total reservoir capacity to 7·7 million gallons.

The quality of the water is satisfactory. Special tests carried out during the year at the request of the Ministry of Health proved that the water has no plumbo-solvent action.

There is a separate piped supply to 23,701 houses with a population of 69,923. 109 houses with a population of 307 share taps in common wash-houses. There are no houses relying on water from wells.

Four wells are stil in use in connection with business premises.

SWIMMING BATHS

Twenty five samples of water from swimming baths and paddling pools were taken during the year for chemical and bacteriological analysis. Swimming baths at schools are subjected to careful supervision, particular attention being given to the possibility of "overloading".

Routine sampling of water is carried out both by the Water Department and the Public Health Department. During the year the following samples were submitted for analysis: —

	Bact. Exam.	*Chem. Exam.*
Raw Water	52	12
Raw Water after settlement ...	52	—
Primary Filter water	52	—
Final Water before chlorination	53	—
Final Water after chlorination	62	12
Check samples from tap in laboratory	55	—
Consumer tap samples ...	16	16

Summary of Chemical Analyses of Tap Water
Year ending 31st December, 1967.

	Parts per million *Min.*	*Max.*	*Average*
Solids in Solution (Dried at 180°C)	160	510	315
Solids in Solution After Ignition ...	95	355	210
Chlorine present as Chloride	28	112	63
Hardness Non-Carbonate	32	90	63
Hardness Carbonate	54	150	108
Hardness Total	86	240	172
Ammoniacal Nitrogen	Trace	0·03	0·01
Albuminoid Nitrogen	0·02	0·19	0·07
Nitrate Nitrogen	1·9	4·5	3·5
Nitrite Nitrogen	Nil	Trace	Trace
Oxygen absorbed in 4 hours at 27°C (N/80 Permanganate)	0·95	3·32	1·47
Toxic Metals	Nil	Nil	Nil
*Total Residual Chlorine	0·01	0·20	0·11
*Flourine	0·04	0·10	0·09
†Synthetic detergent as Manoxol ...	Nil	0·08	0·04
†Phosphate as PO^4	0·12	0·85	0·47
pH	7·2	8·4	7·6

Summary of 12 monthly analyses at random sampling points within the City and 12 monthly analyses of water leaving the Waterworks.

*Random sampling points only.

†Waterworks only.